VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

	-	1	bos .	
	83		12	3
- 1	00		6,52	

00617

CERTIFICATE OF DEATH

on carefully. The conclearly and legibly.	City or town. City o	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
tio h		2.(a) It retetan, name wat
information of death cl	Sarah Catherine after	3. (b) Social Security Number
of	4. Sex 5. Color or race 6.(a) Single, married, widowed, or diverced	MEDICAL CERTIFICATION 20. DATE DE DEATH 20. DATE DE DE DEATH 20. DATE DE DE DEATH 20. DATE DE
every it	6,(b) Name of husband or wife Assay	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 19. 4. 10. 19. 4. 19. 19. 4. 19. 19. 4. 19. 19. 4. 19. 19. 19. 4. 19. 19. 19. 4. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
Supp	8. AGE: Years Months Days If less than one day	Immediate quee of death Outside Haemontage - 3
G INK.	9. Birthplace (Town, county, and state) 10. Usual occupation.	Due to.
ADING Physici	11. Industry or business Chrysle	Due to
UNFA tant. F	12. Name. Mangles ellemposer 13. Birthplace Med	Other conditions allens I cleared
H L orta	14. Maiden name. Mary 15. Birthplace Elessessus	(Include pregnancy within 3 months of death) Major findings of operations.
	The KICknown	
Cial	Address Bustoniells Mills	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.
PLAINL is especia	17. Busial S. Date thereof 29/1946	22. VIOLENCE: I1 death was due to external causes, 1lil in the following; Accident, suicide, or homicide
园	(Burial, cremation, or removal Which?) Cemetery or eventurery Cemetery or ev	Where did injury occur?
WRIT	Location Daniel Maria	Injured at home, farm, industry, public place (where?)
SEW	18. Funeral director of the state of the sta	Means of Injury Injured at work?
PLEAS	Address French Mill	23. SIGNATURE STOWARD STOWARD M. D. of other
red ley	Date rec'd by registrar) Date rec'd by registrar) Date rec'd by registrar) Date rec'd by registrar)	Address Lace Date signed 22/ X1

REGISTREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (31-2)

00618

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery		2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Retherds (miral)		Wisco	nty		
(If o	utside city or town l	imits, write R	URAL and give nesrest town)	Green Bar	
How long in above place	of death?52	days		City or town	, write RURAL and give nearest town)
Hospital, Institution, or				Street No	
US Naval				(If rural, give	
How tong in hospital or	institution?	2 days	100100100000000000000000000000000000000	2.(a) If veteran, name war	······································
3. (a) FULL NAME		SETT,	Frances Whiting		3. (b) Social Security Number
4. Sex	5. Color or race	B.(a)Single	e, married, widowed, or divorced	MEDICAL CE	ERTIFICATION
female	W-US		married	0.65	
	1			20. DATE OF DEATH VAN. 3	19.45 et 6.70 /· h
B.(b) Name of husband	or wifeLt.a.	Robert	C. Bassett	21. I CERTIFY that death occurred on the date above	re stated; that I attended deceased from
7. Birth date of			e) If elive, give ageyears	and that I last saw h. Let alive on LAM	
deceased (mo., day, y	r.) 24	April	1310		DURATION
8. AGE: Years	Months	Days	If tess than one day	Immediate cause of death.	Mar & 2 H Horn
28	9	7	hrsmin.		
w.	is.			Swere animer, S	
9. BirthplaceW	(Town,	county, and s	tate)	Due to	·····
10. Usual occupation housewife				Photos Miles	H 2 M H
			••••••••••••••••••••••••	Due to. CONTO MAC. PEGAM	- I I anua
11. Industry or business NOUS				aronia 7	
12. Name Frank Rockway 13. Birthplace Wisc.			************************************	Dither conditions	<u> </u>
	Wisc.			(Include pregnancy within 3 m	
14. Malden name. Sarah Graves 15. Birthplace Vt.			***************************************	1//	
15 Bl-lhaloss	Vt.			Major findings of operations	***************************************
			a == 1.1	10 + too	Date of op
			C. Bassett	Autopsy results.	• 1 7 -4 1 1 1 2 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
Address 888 N	. Kentucky	st.,	Arlington, Va.	PHYSICIAN: Please underline the cause to whi	
			Feb. 1 15	22. VIOLENCE: If death was due to external caus	ses, fill in the following;
(Burisl, cremation, or removal. Which?) Date thereof. Feb. 1, 145 (month) (day) (year)			(month) (day) (year)	Accident, suicide, or homicide	Date of
Cemetery or crematory				Where did injury occur?(City or town)	(Constr.) (State)
Location Neenth, Wis.					era?)
	_		1) ms)	Means of injury	niured at work?
18. Funeral director	W. W. Char	mbers	VM J	means of injury	Injured at work?
Address 1400	Chapin St.		, Wash., D. Ca	(o malina P	Same
19. Feb. 1 19. 45 Mary Charlotte Smith			harotto limith	23. SIGNATURE	M. D. or other
19. Feb. 1 19 45 Mary Charlotte Smith (Date rec'd by registrar) Registrar				Address //at. Hav. Med. Or	ultre Date signed Feb 1 45

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SERVICE OF BUILDINGS

RECEIVED

MAR 6 1945

BUREAU V.S.

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00619

1. PLACE OF DEATH County City or town (If outside city or town limits. Frite RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: SuburbanHo.spital How long in hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboru infants give residence of mother) Siate
3.(a) FULL NAME (Mrs.) Anne Bastable	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Temple W Married B.(b) Name of husband or wife Married Buttable 7. Birth date of S.(c) If alive, give age 7. 9. years	MEDICAL CERTIFICATION 2D. DATE DF DEATH 19 19 19 19 19 19 19 19 19 19 19 19 19
8. AGE: Years Months Days If less than one day hrs. min. 9. Birtholoce (Townscounty, and state) 10. Usual occupation.	Immediate cause of death Construction Due to. Due to.
11. Industry or business 12. Hame	Other conditions
16. Informant Address 2 480 - 16 At Mu 17. Recurred (Burisi, cremation, or removal, Which?) Cemetery or crematory (month) (day) (year) Location (2004)	Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director The 5. A. Thines Co. Address 2901-14-st N-W. Washington 19. 1-1-44 (Date ree'd by registrar) Registrar	23. SIGNATURE Description of the stand of th

THE PROPERTY OF STANKE CHARGES

BETTATISTENS BUTOUS

ORD SHOT OF SHAPE

2411 N. Charles St., Baltimore 131-01

CERTIFICATE OF DEATH

00620

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Montgomercy	(For newborn infants give residence of mother)	
City or town Starmantoun	State Maryand county Montgomery	
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, lostitution, or street address where death occurred:	Street No.	
	(If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
1 m ~ UQ. 0. 1		
1 E Orbert and 1 Skrytingto marked widowed or diversed	AND LOUIS OF THE L	
4. Sex 5. Color or race 61/20 Mingle, married, widowed, or divorced	MEDICAL CERTIFICATION	
Temalo Write Widowed	20. DATE OF DEATH 19.45 21 8:40 P. M	
dl cm 62 0	21. I CERTIFY that death/occurred on the date above stated; that I attended deceased from	
6.(6) Name of busband or wife.	Oct 19.4.5. 10 Jan 5- 19.4.5.	
S.(c) If elive, give ageyears	0	
7. Birth date of	and that I last saw h	
	Immediate cause of death	
o. Aut.	Marine 2 days	
70 2 7mlo.		
· md ·	Due to Chronia Cardio renal	
9. Sirthplace(Town, county, and state)	disease 6 ma	
10. Osual occopation Houselette	· · · · · · · · · · · · · · · · · · ·	
6 11	Oue to	
11. Industry or business Our Kromo		
12. Name Ortooy 13. Birthplace Md.	Other conditions	
3 13. Birthplace Md.	(Include pregnancy within 3 mouths of death)	
14. Malden name Odorea Tump Xxxx 15. Birthplace	Major findings of sperations.	
E 15. Birthplace	Date of op	
miss Mario D. Fooland	Autopsy results	
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Address Harmantown, and.	22. VIOLENCE: If death was due to external causes, fill to the tollowing:	
17. (Burial, cremation, or removal, Which) Date thereof (month) (day) (rear)	Accident, suicide, or homicide	
Cemetery or oremetery Mcalaurella Preabaterian	Where did injury occur?	
Mandaville Church Cornelery	Injured at home, farm, lodustry, public place (where?)	
Location 66	"Means of Injury Injured at work?	
18. Funeral director Warney G. Tumpkee		
Address Silver Spring md.	29 /2 7 /20	
NUMICOS CONTRACTOR OF THE PROPERTY OF THE PROP	23. SIGNATURE M. D. or other	
19 Jan 7 1945 almital a Cooke	11 21 1	
Registrat Registrat	Address Date signed	

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FEB 6 1945

BUREAU

WRITE

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No......

1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Couply Monthson lay (If outside city or town limits, write RURAL and give nearest town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?..... Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution?.. 2.(a) If veteran, name war..... 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex 6.(a) Singlo, married, widowed, or divorced MEDICAL CERTIFICATION 7. Birth date of deceased (mo., day, yr.) **DURATION** 8. AGE: Years Months Days If less than one day 56 (Town, county, and state) fD. Usual accupation. 1f. Industry or business f3. Birthplaco (Include pregnancy within 8 months of death) 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically, Address 22. VIOLENCE: If doath was due to external causes, fill in the following: Accident, suicide, or homicide..... (month) (day) (year) (Burial, cremation, or re Where did injury occur?(City or town) (County) Injured at home, farm, Industry, public place (where?) Means of Injury Inlured at work? (Date fee'd by registrar) Address.



VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-6

CERTIFICATE OF DEATH

00622

County City or town TAKDMA TARK (If outside eity or town limits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long in above place of death? Superand! Hospital, Institution, or street address where death occurred: 24/2 CARROLL AVE	City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 24/2 ARROLA (If rurai, give LOCATION)
How long in hospital or institutioo?	2.(a) If veteran, name war
3. (a) FULL NAME Flora E. Brings	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorate Single	MEDICAL CERTIFICATION / 9 4/5
6.(b) Name of husband or wife	2f. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) MAR 191, 1586	and that Hest saw halive on
8. AGE: Years Months Days if less than one day 58 9 16 hrsmin.	Immediate cause of death DURATION
9. Birthpiace LASALLE NEW YORK. (Town, county, und state)	Due to.
10. Usual occupation OTENOGRAPHER.	Due to
11. Industry or business	955 (0
12. Name OSCAR J. BRIGGS. 13. Birthplace BAKER SPRINGS, N.Y.	Dither conditions
14. Maiden name Parket ADELAINE ALDRICH.	(Include pregnancy within 3 months of death) Major findings of operations.
0 1 3	Dato ot op
16. Informant OWEN L. BRIGES Address McLAIN VA.	Autopsy results
17. Buttal Date thereot JAN 6, 1945 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Jessey Jack Memorial Cemelery	Where did injury occur? (City or town) (County) (State)
Location Lagrange SA. O. Syatterelles Mai C.F.S.	Injured at home, farm, industry, public place (where?)
18. Funeral director Arthur Sallers.	Means of injury Injured at work?
Address 26 Carroll St. N. A. A. Gran Carp. D. C.	23. SIGNATURE January J. Barreland M. D. or other
(Vate ree'd hy registrar)	Address Date signed 2 - 44

BUREAU V & 1945

2411 N. Charles St., Baltimore 97

CERTIFICATE OF DEATH

UU023

1. PLACE OF DEATH: MONTANNICKY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County OP The County OP The County of the Co	State Mary land County More aores
(If outside city or town limits, write RURAL and give wearest town)	City or town. (If outside city or town lights, write RURAL and kive nearest town)
Now long in above place of death?	0515 10 Standard
Selfell the Assis of Hospital	(If rurai, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME . Albert Br	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION ,
male white widower	20. DATE OF DEATH Jan 21 19.45, 21.402P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that lattended deceased from
7. Birth date of	and that last saw h. sant. alive on Jan 51 1845
deceased (mo., day, yr.) 4 5 6 -	Immediate cause of death
8. AGE: Years Months Days If less than one day	· · · · · · · · · · · · · · · · · · ·
88 3 6	
9. Birthpiace (Town, county, and state)	Due to
10. Usual occupation. Retired	
11. Industry or business	Due to
12. Name Justinas Bracks 13. Birthplace Alega Latta	Other conditions Servi / t. T.y.
13. Birthplace place of Co., Va.	(Include pregnancy within 3 months of denth)
14. Maiden name. San Alica About 14.	
15. Birthplace Charlotte Co. Va	Mejor findings of operations
16. Informant Dr. Elivery & B. Broocks	Autonsy results.
Addins Salle	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
1/02/15	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, eregiation, or removal. Which?) Date thereof (May) (year)	Accident, suicide, or homicide
Cemetery or crematory. Vakwood Cem	Where did injury occur?
Location Chase City, Va	Injured at home, farm, industry, public place (where?)
18. Funeral director Low Reuther Pumphre	Means of injury Injured at work?
Address 7557 Wis Que Betherk 7	La sichelle und Blieglist
19. Jan 22.1945 Zhin & John Registrar	Address 1726 Eye Sh. W. W Date signed 1/21/45
	Washington la Dic.

FEB 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 196

00624

CERTIFICATE OF DEATH

(For	L RESIDENCE (HOME) OF DECEASED: newborn infants give residence of mother)	
Bethesda (rural)	State Va. County	
(16 outside sity on town limits write DIDAL and sine parant town)		
How long in above place of death? 3months & 26 days	Charlottesville (If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:	1929 Lewis Mountain Road	
Il o.o. Mayar Hospitoar, peniesda, mo	(If rural, give LOCATION)	
How long in hospital or institution? 3 months & 26 days 2.(a) If vei	eran, name war	
3. (a) FULL NAME		
BROOME, Roger Greville Brook, Major	USMCR 3. (b) Social Security Number	
4. Sex male 5. Color of race 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION	
	DEATH 18 January 19 45 at 0 700 AM	
DIVY REID VI HUBBERS VI WILDON CONTROL	FY that death occurred on the date above stated; that I attended deceased from	
M. (C) IT GILVE PIVE GPO VACES !!	19/1/ 18 4/4 , to 17 farmay 18 45	
I I. Birth date of Aug. 26 1915 and that I is	st saw h. Long. alive on 17 fandang 18 45	
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	canse of death	
8. AGE: 1043 5 22J.	matri amputation Left house 8 Mons	
	extremity	
Washington	Sun Shell Wounds	
	enem alkas	
10. Usual occupation. Marine Corps	0	
1f. Industry or business		
œ1	m./.	
E TT-	ions Malaran	
₹ 13. Birthplace Va.	(Include pregnancy within 3 months of death)	
単 14 Malden name ELS1e Anderson		
Va. Major findi	ags of operations	
	Date of op.	
	miles Confirm Clinical Fundings	
The Table Month of the Charles of the Control of th	d: Please nuterline the cause to which death should be charged statistically.	
VIIIe, Va. 22. VIOLE	NCE: If death was due to external causes, fill in the following;	
(Bnrial, cremation, or removal, Which?) Date thereol. 1-18-15 (month) (day) (year) Accident, si	icide, or homicide Date of	
	niury occur?	
	njury occur?(City or town) (Connty) (State)	
Location Louisa County, W. Va.	ome, farm, Industry, public place (where?)	
18. Funeral director W. W. Chambers Means of in	ury Injured at work?	
Address 1400 Chapin St., N. W., Wash., D. C.	^ /	
	URE James M. D. or other M. D. or other	

BENEFIT TO THE OWNER OF THE PARTY OF A LINE OF

BEFORE OF DEVELOP

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RECEIVED

FEB 6 1945

Carried Wall State Committee Committ

2411 N. Charles St., Baltimore 195-2

CERTIFICATE OF DEATH

00625

			21	8	
Rea	Dist	No	2	0	

County	State City or town. (If outside city or town limits, write RURAL and give nearest town)
	Street No
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME	
Homan Bussel	Brown, 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Maler white many	20. DATE OF DEATH. 20 19 % 5 - 21 /2 45 %
6.(b) Name of husband or wife. Ethel 2. Brown	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
21.0	Dep. Med. Gen 19. 19.
7. Birth date of	and that I last saw halive on
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Fracture & base of skull fieles
43 2 26hrsmln.	instance
9. Birthplace maryland	and explaning 1 R. A.
(Town, county, and state)	OUE TO
10. Usual occupation Title Man Ray Ray Ray	P. de
11. Industry or business	Due to
12. Name Herross Fr Stores	A1 211
12. Name to the process of the proce	Other conditions
	(tuelude pregnancy within 3 months of death)
14. Malden name Offe Coofe 1 15. Birthplace	Major findings of aperations.
E 15. Birthplace new	- Date of op.
18. informant Bayers Brown -	Autopsy results.
at BON	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address 3112 Crapton-aga litelless	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof. — 16—4 (month) (day) (year)	Accident, suicide, or homicide. Accident Oete of 1-10-45
Cemetery or crematory	Where did injury occur? (City or town) (County) (State)
Location Many Comments of the Location of the	Injured at home, farm, Industry, public place (where?) 13+0. R.R.
18. Funeral director. To him to Desmiy In	Means of Injury explosing I man injured at work? Yes
VIX-TEAL 20016	T- 2 10 12
Address / (1) topel The /3 allesson Ma	23 SIGNATURE Trank J. / Drosekart
19 Law. 10 1945 abula & Cooke	23. SIGNATURE
(Dato rec'd by registrar)	sidiross tarther have makers eland 1-10- 45

HOME TO DESCRIPTION OF THE STATE OF THE STAT





2411 N. Charles St., Baltimore (98-d)



CERTIFICATE OF DEATH

I. PLACE OF DEATH:	Z. USUAL RESIDENCE (FIOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	
City or fown	State Mary Land county Mont gomery
	City or town (If outside city or town limits, write RURAL and give nearest town)
Row long in above place of dealh?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, or street address where death occurred.	Streef No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
manth S Burnott	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
	MEDICAL CERTIFICATION 7445
Female White Widowed.	20. DATE DE DEATH Q 7 4 4 4 31 19 45 21 1 - Q. M.
6.(6) Name of husband or wife Julian M. Brynett	2f. I CERTIFY that death occurred on the date above slated; that I allended deceased from
	11/15/ 19.44 to 1/34/ 19.45
7. Birth date of	and that I last saw h & alive on 6/2 2/
deceased (mo., day, yr.) May 16, 1872	
8. AGE: Years Months Bays If less than one day	6 -11 -15
72. 8 15	Con de De la Contraction de la
9. Birthplace Burn Mills Maryland. (Town, county, and state)	Due 10
	(1) Carline Pilit
fD. Usual occupation Retired Housewife.	Bus to
1f. Industry or business	900 10
21	
	Dither conditions
	(Include pregnancy within 3 months of death)
14. Maiden name annie m. Faucett	
	Major findings of operations
16. Informant (Taymond S. Brunett (Son)	Autopsy results.
Address 1235 Randolph St. n.W. Wash. DC	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal, Which?) Bale fhereof. Fc by 494 4 2, 1945. (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St John's Cemetery	Where did injury occur? (City or town) (County) (State)
Location torest ylen md.	Injured al home, farm, industry, public place (where?)
18. Funeral director Warner Ce, Pumphrey	Means of injury lojured al work?
	10002 /1
Address Silver Spring, md.	23. SIGNATURE
" Jan 31 " 15 Stylude B. Lowley	23. SIGNATURE M. D. or other
(Data/rec'd by registrar) Registrar	Address Date signed / 31/45
	1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 / 1 /

FEB 8 1945 BURT

2411 N. Charles St., Baltimore 9400



00627

Reg. Dist. No..

CERTIFICATE OF DEATH

	,
1. PLACE OF DEATH: Lyomen.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Land County County
How long to above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death/occurred:	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2,(a) If veteran, name war
3. (a) FULL NAME	
Jugor a. Budd	3. (b) Social Security Number
14. Sex 5. Color or race 6.(a) Single, married, widowed, or dispress Color Ed Widowed.	MEDICAL CERTIFICATION 20. DATE OF DEATH. JAMA 2. 19.5.5. pt 11:4.5. Am
6,(b) Name of husband or wife	21. 1 CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 70. Acc // (2022)	and that I last saw halive on
deceased (mo., day, yr.) / / / / / / / / / / / / / / / / / / /	Immediate cause of death
8. AGE: Years Months Bays If less than one day 8hrsmin.	Coronary occhision sudde
9. Birthplace Sandy Spring, Tad.	Due to
10. Usual occupation dalder	Due to.
11. Industry or business (DUE 10
	Other conditions
12. Name Danuel W. Dudo	
# 14. Majden name Harriett alm Squirel	(Include pregnancy within 3 months of death)
14. Malden name Harriett alm Demirel 15. Birthplace Dandy Services and	Major findings of operations
1 S. Bringlace	
18. Informant	Antopsy results
Address Delves of prince, the pick	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or remoral, Which?)	Accident, suicide, or homicide
Cemetery or cremertory & andy Burnes	Where did injury occur? (City or town) (County) (State)
Location Dandy Shrinks, Mid	Injured at home, farm, Industry, public place (where?)
02.4 91 1.0.	Means of injury injured at work?
Address 2 4 6 N. Wash St Rockville	I 10 Browhart M. J.
ADDIESS AGE OF THE ACT	23. SIGNATURE M. D. or other
19. Mate recist by recistrary	Address Yartherhor me Bais signed 1 - 24 - 4

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FEB 8 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 830

00628

CERTIFICATE OF DEATH

	Mog. Dist. No	
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Dy orghand	2 0 1.	
City or town (If our ide city or town limits, write RURAL and give nearest town)		
How long in above place of death? 2 Trace III.	If outside city or town limits, write RURAL and give nearest t	(ופייפו
Hospital, Institution, or street address where death occurred:	Street No Laithersburg med 1	r.7. D.
	(If rural, give LOCATION)	
Now long in hospifal or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	. 3. (b) Social Security Numb	ber
Hannah Bur	rea	
4. Sex 5. Color or race 6.(α)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
fraule white he down		, ,
2 2	2D. DATE OF DEATH. 21.	
6.(6) Hame of busband or wife have Burnes	21. I CERTIFY that death occurred on the date above stated; that I attended deceased fr	
	25 19 45 10 0	_
7. Birth date of deceased (mo., day, yr.) Whish own	and that Mast saw h. 2 alive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death.	DURATION
about 65 min.	Contract of a	1 day
9. Birthplace	Due to Maleno Jelinas	minary
10. Usual occupation Hause work		
	Due to	
11. Industry or business		
12. Hame. That Museum	Dther conditions	
13. Birthplace many lased	(Include pregnancy within 3 months of death)	
14. Malden name Uniformery Rismer 15. Birthplace France Garres Ca Mad		
15. Birthplace France George Co med	Major findings of operations.	
2. 12	Bale of op.	~ · · · · · · · · · · · · · · · · · · ·
16. Informant Manager Land	Autopsy results	tically.
Address Garthe so hung 12 7 3	22. VIOLENCE: If death was due to external causes, fill in the following;	
17 Durial Date thereof 1/29/45	Accident, suicide, or homicide	
17. (Burial, cremation, or removal. Which?) Date thereof (south) (day) (year)		
Cemetery or crematory Hay H. H. H. Hay H. H. H. Clest Clus	Where did injury occur?	ite)
Location Fay Hill master	Injured et home, farm, Industry, public place (where?)	
18. Funeral director low Poules Fumphre	Means of Injury Injured al work?	
D. hilas men b		
Address A revelle mary sono	23. SIGNATURE M. D. or oth	
19. 128 1945 Josephine D. Mastla		
(Dato rec'd by registrar) Registrar	Address Lay Love will Date signed law	4.27/40

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BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

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					1	1/	2	1
Reg.	D	int.	N	0		1		

1. PLACE OF DEATH: County (If outside city of town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Color or race 6.(a) Single, married, widowed, wid	MEDICAL CERTIFICATION 20. DATE OF DEATH
8. AGE: Years Months Days It less than one day	Immediato cause of death DURATION
9. Birthplace	Due to Carlon monarile Journa
11. Industry or business Industry or business Industry or busin	Other conditions
14. Maiden oame Maria Conters 15. Birthplace	(Include pregnuncy within 3 months of death) Major findings of operations
Address Follserlle mel	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17(Burial, cremation, or removal. Which?) Date thereot (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.
Commetery or crematory Commeters of Commeter	Where did injury occur?
18. Funeral director Address Surces villa Su	Means of Injury Injured at work? 1. Brosefact M. D. 23. SIGNATURE M. D. or other Address Address Date signed 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

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Service Control

CERTIFICATE OF DEATH

2411 N. Charles St., Baftimore 93-d

()()63() Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mantgamery	State Mary Lound County Moutgamery
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred: The Mantgamery County Deneval Hospital Que	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
3,7,7,8,9,7,8,8,9,8,8,9,8,9,8,9,8,9,8,9,8	MEDICAL CERTIFICATION
Male White Married	20. DATE DE DEATH January 28 1945 21 5:10 P. N
6.6) Name of husband or wife M15. Eva Cashell	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	January 1 1941, 10 January 28 1945
7. Birth date of deceased (mo., day, yr.) December 25, 1869	and that I last saw him alive on January 28 19 4
deceased (mo., day, yr.) 1/222W 02V 2C3, 1 1/22 W 02V 2C3, 1 1/22	Immediate caose of death
75 / 3hrsmln.	
	acute Cardiac dilitation 24 hrs.
9. Birthplace Olney, Montgomery Co. Md.	Due fo.
10. Usual occupation	Chronic Myorarditis with
	Due to hypertension 445
11. Industry or business 12. Hame George C. Cashell	
E	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Pinne F. C. Bas N. Sley 15. Birthplace Qlyey, Maryland	Major fiedings of uperations.
\$ 15. Birthplace Qluey, Maryland	Date of op.
16. loformact Hospital records.	Actorsy results.
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B T 20 1945	22. VIOLENCE: If death was due to esternal causes, fill in the following:
17. Ourie Date thereof Jan. 30, 1945 (Burisl, cremation, or removal, Which?)	Accident, suicide, or homicide
cemetery or crematory St. Johns Cemetory	Where did injury occur?
	Injured al home, farm, industry, public place (where?)
	Means of tnjury Injured at work?
18. Fueeral director Danners & Tumphrey	11
Address Selves Spring, Ind.	as SIGNIANDS
Jan 30 Westwell Testingles of the	23. SIGNATURE M. D. or other
(Pate rec'd by registrar) Registrar	Address Sandy Spring, Md Date signed 1/29/45

BELLE IN THE PERSON OF THE SEASTERN

FEB 8 1945 BUREAU V.S.

PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00631

Reg. Diat. No. 2 2-7

1. PLACE OF DEATH:	Z. USUAL RESIDENCE (HOME) UF DECEASED: (For newborn infants give residence of mother)
County Mont 90 March 1900	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County
(If outside city or town names, write KOKALI and give nearest town)	City or town
How long in above place of death?	
Washington Santarium + Harpital	Street No. 403 - 46 St. 7-8
	(If rural, give LOCATION)
How long in hospital of institution?	2.(a) If veteran, came war
3. (a) FULL NAME	3.(b) Social Security Number
Mara Mary Elesabeth Catara	
4. Sez / 5. Color for race 6.(4) Single, married, widowed, or divorced	AUDICAL CERTIFICATION
	MEDICAL CERTIFICATION
Jewal with widowid	20. DATE OF DEATH January 9 1945 at 11 6 M
	21. I CERTIFY that death occurred on the date above stated; that attended deceased from
G.(b) Name of husband or wife	Wee 29 1944 to your 9 1845
7. Birth date of	
deceased (mo., day, yr.) Och. (8 1869	and that I last saw h 12 alivo on 18.45
8. AGE: Years Months Days 11 less than one day	Immediate cause of death of DURATION
5	Desta che produced 5 days
15 22hrsmin.	
8. Birthplace, Langetown work, DC.	meta Maluertrities 6 russ;
(Town, county, and state)	Semilitis
10. Veyal occupation.	
	Due to
11. Industry or business	
12. Name	Other conditions
₹ 13. Birthplaco	(Include pregnancy within 3 months of death)
H 14. Maiden name	(Include pregnancy within 3 months of death)
14. Maiden name	Major findings of operations.
El 15. Birthplace	Bate of op.
16. Informant Preadwash. San & Hospital	Autopsy results
11 0.1.1	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address talona vare, Mg.	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Date thereof // 0/tu'	Accident, suicide, or homicide
17. (Burial, cremation, or removal, which?) Date thereof (month) (day) (year)	
Cemetery or crematory	Where did injury occur?
Location	injured at home, larm, industry, public place (where?)
14/10/20 1 0-	Means of lajury tajured at work?
18. Funeral director 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
Address 1400 O Raking St. nlx	An Slower Met
O STATE OF THE	23. SIGNATURE M. D. or other
18, Jan 10 18 + 5 / 7/ 10mm NOUV	
19. (Date rec'd by registrar)	Address of come of ont all sate signed 10 45

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore (83 a) CERTIFICATE OF DEATH 00632

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give pesidence of mother) State
4. Sex (5. Color or race white. 4. Sex (6.(a) Single, nerried, widowed, or divorced 4. Sex (6.(b) Namo of husband or wife. Ells worth 3 happell (Acad)	MEDICAL CERTIFICATION 20. DATE OF DEATH
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 74 years min.	and that I last saw h. alive on 6 22 - 40 19 Memoriato cause of death. Cessival Message DURATION
9. Birthplace ir ginia 10. Usual occupation force in the state in the	Due to affermalesons + Due to. Due to.
12. Name Boket Sherwood 13. Birthplace Va 14. Malden named Virginia Mills 15. Birthplace Virginia	Other conditions
16, Informant. Mrs. Stella Jagger (Nandon Vileces Address 4929 Crescent St. Creatville Inf	Autopsy results
17. Bertial (Burial, cremation, or removal. Whiteh?) Cemetery or crematory. Eddbrooke Cemetry	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director & Bellen Suenghey Address Bellend, Md	Means of Injury Injured at work?
19. 1/23 19.45 9/m E Jelestrar Registrar	Address TH25 Western Date signed 123/45

FEB 6 1945 BUREAU V.S.

VS A15



1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83-60



2. USUAL RESIDENCE (HOME) OF DECEASED:

CERTIFICATE OF DEATH

County	(For newborn infants give residence of mother)
City or town. Fairland (If outside city or town limits, write, RURAL and give nearest town)	State D. C. County
(If outside city or town limits, write RURAL and give nearest town)	City or town It tasking tas & C.
How long to above place of death? From 10/30/44	(If outside city or town limits, write RURAL and give nearest town)
Rospital, Institution, or street address where death occurred: Cedarcroft Sanitarium	Street No. 1144-46 ST
	(If rural, give LOCATION)
How long to hospital or institution? From 10/30/44	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
GEORGE FRANCIS CLIFFORD	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	
mato mitto metalono	20. OATE OF DEATH
6.(6) Name of husband or wife Margaret T. Nieset	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
de ceased	(977-30 - 1844, 10 La 8- 1845.
7. Birth date of	and that I last saw h Asian allive on 19 45
deceased (mo., day, yr.) January 4, 1870	Immediate cause of death.
8. AGE: Years Months Days It tess than one day	
75 7hrsmin.	Subral Atmontage 6days
9. Birthplace Ligonier, Pa.	Due to.
10. Usual occupation policeman (retired)	
	Due to les was untrescellence
11. Industry or business	
12. Name. Charles Clifford 13. Birthplace Ligonier Pa.	Other conditions
∑ 13. Birthplace Ligonier Pa.	(Include pregnancy within 3 months of death)
14. Maiden name. Jennie A. Ramsey	
14. Maiden name Jennie A. Ramsey Ligonier Pa.	Major findings of operations.
	Dale of op.
16. Informant Mrs. Edward Gallagher	Autopsy results
Address 1144-46 St.S.E. Washington D.C	PHYSICIAN: Please underlino the cause to which death abould be charged statistically.
120 Qu. 4 1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, eremation, or removal, Which?)	Accident, sutcide, or homicide
Cemetery or crematory	Where did injury occur?
Location Ligories, Ga.	Injured at home, farm, industry, public place (where?)
19. Funeral director 9. 2. Costello Co.	Means of Injury Injured at work?
Address Ligarile 100h N.C.	R. D O B 7/1/1 1 (7.0)
Address Assessment V OSA N. O.	23. SIGNATURE SACKARD D. Histadlaw M.
18. Jan. 8 1845 Josephine M. Schaeffer	B. 181. El M. D. oralle
(Date rec'd by registrar)	Address Dof 271- Silver Spring 4 Date signed 18-45.

PLEASE WRITE

6012

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-6 CERTIFICATE OF DEATH

00634

1. PLACE OF DEATH: County. It and governous City or town. (If outside city or town limits, write RURE) and give nearest town) How long in above place of death?. Hospital, institution, or street address whera death occurred: Dubur base and give nearest town) How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Siate County City or town (If outside city or town limits, write RURAL and give nearest town) Street No
This. Gotherine Lalverwell.	
4. Sex 5. Eolor or race 5.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
+. white Marriel.	20. DATE OF DEATH TENNAND 21 1945 81 635 A.M
8.6) Name of husband or wife Richard 5 Calverwell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Jan 13 1845 10 Jan 21 1845
7. Birth date ot Substitution of the state o	and that I last saw hS. K. alive on
deceased (mo., day, yr.) Sept 2 1873 8. AGE: Years Months Days If less than one day	Immediate cause of death
M)	Topinso
9. Birthpiace Na. Shanna Town, county, and atate)	Due to Denaralizad Careironalous
10. Usual occupation	Bue to gossally Car lives or games
12. Name Roth	Other conditions
13. Birthplace Germany.	
8	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
2 15. Birthplace Germany	
16. Informant	Autopsy results
Address 17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, sulcide, or homicide
Cemetery or crematory	Where did injury occur?
Location ————————————————————————————————————	Injured at home, farm, industry, public place (where?)
18. Funeral director homes & Murray	Means of Injury Injured at work?
Address 2007 - mohol are Ste	23. SIGNATURE DELLAS SUP M. D. or other
(Odte rec'd by registrar)	Address Legendrase Ans D. Baje signed 149

FEB 6 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 160-0

CERTIFICATE OF DEATH

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montzonness	
City or town (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	City or town (1f outside city or town) mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 2319 40 The Place N.W.
2/5/VH Bettarda 24d.	(If rursl, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
Baby Boy Davis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W Sugle	20. DATE OF DEATH Janeary 25 1943 16:05 PM
O (\$) Name of husband or mile	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
8.(6) Name of husband or wife	Jamay 25 1845 to Jan, 25 19 45
7. Birth date of	and that I last saw hannalive on Jan 23 18 48
deceased (mo., day, yr.) January 25, 1945	Immediate cause of death
8. AGE: Years Moty's Deys If less than one day	Prematerity
	/
8. Birthplace Moret gorney Co. Mangland. (Town, copity, and state)	Due to
(Town, county, and state)	Prematere separation of 14days
10. Usual occupation.	Oue to placenta
11. Industry or business	
12. Name Frank Halbert Davis	Other conditions
13. Birthplace Lettlemcrenton, S. Car.	(Include pregnancy within 3 months of death)
# 14. Maiden name Roke Low Downs	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace Challandoga Tenn.	Date of op.
16. Informant Frank H. Davis	Antonay results.
3218 WHE DY NO 12	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Comstery or crematory George Washington memorial	Where did Injury occur?
Location many land Hyattavelle	Injured at home, farm, Industry, public place (where?)
18. Funeral director W.W. Chamber	Means of Injury Injured at work?
Address 14 00 Chafin Street h. W. Washington DG	23 SIGNATURE Hettere M. Poleshows M.D.
Day 26 4- 1 Pl DAP1.11	M. D. or other
(Dat ree'd by registrar) (Dat ree'd by registrar)	Iddan 215NH Betterda Mel. note stoned 1/26/45

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RUREAU V.S

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94:0)

CERTIFICATE OF DEATH

00636 Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tafauts give residence of mother)
County Martenney	1.0
(If outside city or town limits, write RURAL and give nearest town)	State And And County County
How long in above place of death?	(if outside city or town limits, write RUHAL and give nearest town)
Rospital, institution, or street address where death occurred:	Street No. 6 a 2 Galles Lines 12
The state of the s	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) 11 veteran, name war Wirell war 2
3. (a) FULL NAME	3. (b) Social Security Number
major Robert Stanley Dayhoff	S. (V) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, windwed, or divorced	MEDICAL CERTIFICATION
man while married	20. DATE DF DEATH
Ma don Dales	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Namo of husband or wife Ilmulling Day hoff	9,0
	Da Mad Lan Case
7. Birth date of deceased (mo., day, yr.) May 9 1909	and that I last saw halive on
8. AGE: Years Months Days Miess than one day	Immediate cause of death
35 8 9hrsmin.	and Myseardalas 3 than
	0.00
9. Birthplace	Due to Consulary Accesses
1D. Usual occupation. Lovanian Click	
	Duo to
11. Industry or business	
12. Name John 13. Day Loff	Dther conditions
≦ 13. Birthplace mel	(Include pregnancy within 3 months of death)
14. Maiden name Many Jame Kelbangh	(Include pregnancy within 3 months of death)
14. Malden name Many James Kelkanagh	Major findings of operations.
	Date of op.
16. Informant Edward L. Hayhoff	Autopsy results
Address Silver stown ma.	PHYSICIAN: Please underline the cause to which death should he charged statistically.
8	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemelery or exemptors arlington National.	Where did injury occur?
Control of	
Location alingten Co La.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Warne & Lampling	Means of Injury Injured at work?
Address 84 34 Ga ave Silve Stowny, und	7,1B, 0 0 mi
	23. SIGNATURE M. D. or other
19. Jan. 19 18 45 Josephine m Schalffer (Botherar) Registrar)	Address Address And Date signed 1-18-58

THE TALL AND STANDARD



2411 N. Charles St., Baltimore 163-7

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town 4832 Gares Que n. w.	State Maryland County months
(If outside city or town limits, write RURAL and give nearest town)	City or town Thuisdakip Weights
How long in above place of death? Hospital, institution, or street address where death occurred:	(If outside city or town limits, write LURAL and give hearest town)
nospital, institution, or street address where death occurred:	Street No. 4832 For Clue.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
alfred Robinson Dean	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married,	20. DATE DE DEATH Jan 19.45 at 1:30 A M
6.(b) Name of husband or wife Berzha Visla	21. I CERTIFY that ceath occurred on the date above stated; that I attended deceased from
	Def Med Germ 10 19 19
7. Birth date of	and that I get saw hallye oo
deceased (mo., day, yr.) 402, //, /903	Immediate cause of death
8. AGE: Years Months Days If less than one day	
43hrsmin.	ashusia Inf
9. Birtholace Washington D.C.	Due to illhimating gov deal
(Town, county, and tate)	Ansinia (25:6/1)
10. Usual occupation. Sautan	Pue to
11. Industry or business	7
12. Name Naky C. Deans Y 13. Birthplace Md	Dther conditions
14. Malden nam delliam m. Dean 15. Birthplace Virginia	(Include pregnancy within 3 months of death) Major findings of operatious.
\$ 15. Birthplace Virginia	Date of op.
16. Informaci Mrs. Lidian m. Dean	Autopsy results.
10000	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address # 832 Sack Club	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematery ma 3 ion Cemeter	Where did latury occur? Frenchistis He monte ma
2000	
Location Makey lund	Injured at home, farm, Industry, public place (where?)
18. Funeral director We Callbern Jumpher	Means of Injury Injured at work?
Address 7557 (1) is. Our Betterdal me	L Frank J. Broschart M. D.
11 =10 = 5 1	23. SIGNATURE. M. D. or other
19. (Date rec'd by registrar) Registrar	
(Date 100 d al registrar)	AUUTESS

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. VS A15

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PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

PLEASE WRIT

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

00638

	Reg. Dist. No.
1. PLACE OF DEATH: Montagament	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Bospital, institution, or street address where death occurred:	Street No. 7.0.0.3 Sugarante St.
How long to hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME John J. Deller	3. (b) Social Security Number
4. Sex **Male Solor or race 6.(a) Single, married, widowed, or divorced ** **Walle Solor or race 6.(a) Single, married, widowed, or divorced ** **The late of the late of t	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. DATE
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth date of	and that Clast saw halive on
deceased (mo., day. yr.) R AGE- Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	die
2 6 /hro	Coronary acclusion suddent
8. Birthplace	Bue to.
11. Industry or business Intustry Commune Communica	Doo to
12. Name	Other conditions
14. Maiden name	Major findings of operations.
111 04- 12- 1	Date of op.
Address /6/3 Messacre DE Wash De	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill to the following: Accident, suicide, or homicide
Cemetery or crematory arlengton Tay'l Constant	Where did injury occur?
Location Original Va	injured at home, farm, industry, public place (where?)
D. 12 . 1 Ham.	Means of Injury Injured at work?
Address 4-812 Da un Tur	I , O Paroschaet M J.
19. Dan S 19 CV Deffer Registrar	23. SIGNATURE M. D. or other Address Make Signed 1-5-43



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00639 Reg. Diat. No. 214

1. PLACE OF DEATH: County City or town (If outside city or fown limits write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother) State
3. (a) FULL NAME Emer H. Ehlis	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or-divorced many forms of the sex of the se	MEDICAL CERTIFICATION 20. DATE OF DEATH Start 10 19 4 5 21 2 2 AM
8.(b) Name of husband or wife	and that Uset saw halive on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Broubly N-47 (Town, county, and state) 10. Usual occupation Later form	Due to.
11. Industry or business 12. Name Gange Giffler 13. Birthplace Germany	Other conditions
14. Malden name There Mueller 15. Birthplace Lessen	(Include pregnancy within 3 months of death) Major findings of operations. Date of op.
16. Informant Address	Autopsy results
17. Burlal, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory Location Nachungton of L	Where did injury occur?
18. Funeral director The Down String Co. Address 2901 - 14 % pt. 22 w	Means of injury injured at work? Frank J. Brownshart M. J.
18. ///0/45 19 Josephine M. Schaeffer (Date ree'd by registrar)	23. SIGNATURE M. D. or other Address Date signed 1-10-45

HAMPER TO THE PROPERTY OF THE STATE OF THE S

RINORITY BID V. B.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 178 CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH Sac 26 19. x 5 21 5 200 P. M
6.(b) Name of husband or wife Jeannette W.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. 8 irth date of	and that I light saw h
deceased (mo., day, yr.) / Cary / 6, / 0 / 8	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	illumating han 30mg,
hrs,min.	fring allow
9. Birthplace (Town, county, and syste)	Due to. Succeeding
10. Usual occupation.	Due to.
11. Industry or business	
12. Name Florge + Evous	Other conditions
13. Birthplace Webs Va	(Include pregnancy within 8 months of death)
14. Maiden name Mary mathews	Major findings of operations.
15. Birthplace West Va.	Date of op.
16. Informant Nobert 74 Evans	Autopsy results
Address 64 19 Brookeville Rd	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Bereil Date thereof 1/29/45	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide.
M. a D. alla II	Where did Injury occur? Clary Class Marty mp
Cemetery of Crematory	(City or town) (County) (State)
Location Rockville and	Injured at home, farm, Industry, public place (where?)
18. Funaral director War Deelle Gungh	Means of Injury Injured at work?
Address 1557 Wis Que Betherlas	Jana Signature Jed Mr. D Crawn
10 Day 28 145 Mm E Coles Me	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Hallhert Mal Date signed 1-26,45

RECEIVED

FEB 6 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore Bray

CERTIFICATE OF DEATH

00641

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery	(For newborn infants give residence of mother)
City or town If outside city or town limits, write RURAL and give nearest town)	State Varyland County Whiteholdery
How long in above place of death?	(if outside city or town limits, write RURAL and gips gearest town)
How long in above place of death?	
15 West Baltimore St.	Street No. 15 West Baltimore At.
	(If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Juliette Margnerite Farrel	3. (b) Social Security Number
4. Sex 5. Color or sace 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
female white widowed	1 7/3-7
A	20. DATE OF DEATH GAMERY 18 19 45, 21 3 2 7 M
6.(b) Name of husband or wite. Laurand Farrell	21. I CERTIFY, that death occurred on the date above stated; that I attended deceased from
	July 25 19 42 10 yaw. 18 19 45
7. Birth date of years	and that I last saw of Drailive on James 18 45
deceased (mo., day, yr.) 1000. 11, 1859	Immediate gause of death
8. AGE: Years Months Days If less than one day	Landon Bascular - reval
85 2 7hrsmin.	dislare 10-20
May 110-6	110000
9. Birthpiace (Town, equity, and state)	Due to.
10. Usual occupation Mostle	
	Due to
11. Industry or business	
12. Hame Julien Houtaine	Other conditions
Z 13. Birthplace France	
# 14. Maiden name Qulienne Violette	(Include pregnancy within 8 months of death)
14. Maiden name Julienne Violette 15. Birthplace Hrance	Major findings of operations
∑ 15. Birthplace	Date of op.
16. Interment Mas All Farrell	Autopsy results
Address 1520, Baltimore St. Kensuaton	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Audices / St. Market Co.	.22. VIOLENCE: tf death was due to external causes, filt in the following;
(Burial, eremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery Queen wood.	Where did injury occur? (City or town) (County) (State)
Jacobia Brooklyn-Kugs. Co. Ny.	
Location Strong Lucy. Oo.	tnjured at home, farm, industry, public place (where?)
18. Funeral director el and & Camplinery	Means of injury Injured at work?
Address 84 35 gra ave, Silve Eping, and	NIA . A M. TIME
and the state of t	23. SIGHATURE Satharme La Mapman, Mito
19 Jan. 19, 1945 Josephine M. Schalle	20 W. Baltimore St. M. D. or other 145
(Date rec'd by registrar) Registrar	Address Alusing ton, Mid, Date signed 13 179

DIACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 163 No.

CERTIFICATE OF DEATH

0(1642 · 746

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Minty	(For newborn infants give residence of mother)
City or town Betherson (ontarde)	State
(If ontside city or town limits, write RURAL and give nearest town)	A
How long in above place of death? Found dead	(If outside city or town mits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1721 Hollant St n. W.
	(If rural, give LOCATION) 2.(a) If veteran, name war
How long in hospital or institutioo?	2.(a) If veteran, name war. World War # 2
3. (a) FULL NAME	
1- 0 1 61	3. (b) Social Security Number
Jamuel Feldma	n in the second
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
20.0	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH 200 P M
R. V	
B.(b) Name of husband or wife.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (a) 16 alline plus and	- Dep Med 6 5 19 10 19 19
7. Birth date of	aed that I last saw halive on
deceased (ma., day, yr.) May 30 1905	
8. AGE: Years Months / Days If less than one day	Immediate cause of death DURATION
20	John Mary Comment of the Control of
39hrsmin.	A A
9. Birtholace Baltimere nd	
9. Birthplace (Town, county, and state)	Due to Charles min . Decole game in Cay
	and the same of th
10. Usuat occupation. Truites	Due to
11. Industry or business	0000
E 12. Kame Decel Feldman	Other conditions
13. Birthplace Tessea	
K O I I	(Include pregnancy within 8 months of death)
14. Malden name Arrice Stanler 15. Birthplace Resais	W. A. B. C.
S 15 Distriction (Pales :	Major findings of operations.
	Date of ep.
16. Informant Narry Feldman	Autopsy results
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 343 - 13Ch St. O.E.	
" Rures & 1/10/45	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory Wellington Plath, Cens.	Where did injury occur? (City or town) (County) (State)
leaster Gersinia	injured at home, farm, industry, public place (where?)
A Constitution	
18. Funeral director O Change and the same and the sa	Means of Injury Injured at work?
9-1-11	0 1 10 12 1 100
Address DD DIT 1 TOP STAND THE	L. Frank ! (Snorthart M. O.
11 7m = 0 %	23. SIGNATURE
19. / 10 1945 /1 5 00000	
(Date rec'd by registrar) Registrar	Address Last they have Mode signed 1 - 9 - 45-

FEB & 1945

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore M5-2

CERTIFICATE OF DEATH

00643 Reg. Diat. No. 218

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or towa (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Marily
How long in above place of doath?	(If outside city or town limits, write RURAL and give nearest town)
and the state of t	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Lloyd P. Frederics	3. (b) Social Security Number
4. Sox S. Color or gace 6.(a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
male white married	20. DATE OF DEATH
6.(b) Hamo of husband or wife. Else M - Hines	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
Macfy 8.(c) if alive, give agoyears	med mid Ecans colore 18.
7. Birth date of deceased (mo., day, yr.)	and that Mast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
1898 46 7 23 ·hrsmln.	Compound fractive of skull till without,
9. Birthplace (Town, county, and state)	Duo to explosion of R. R. Languise
1D. Usual occupation	Due to
11. Industry or business	
12. Name + Cubert - Ufsedereli:	Other conditions
14. Maldeo name Sla Furgue 15. Birthplace 2000 15. Birthplace	(Include pregnancy within 8 months of death)
O	Major findings of operations.
≥ 15. Birthplace	Dato of op.
16. Informant Miss - Visio Francis	Autopsy results
Address H40/67 19	22. VIOLENCE: If death was due to external causes, fill in the following;
17(But tenactor, or femoval, Which?) Date thereof	Accident, suicido, or homicide.
Cemetery or crematory	Where did injury occur? But Well (City or town) (Connty) (State)
Location Cellengton Va -	Injured at homo, farm, Industry, public place (where?)
18. Funeral director Add Asiaco Co	Means of injury explosion of league injured at work? yes
Address 2901 - 1407. N. W. Washington A. C.	23. SIGNATURE. Sigh made Example.
19 Jun 10 19 45 Olmeda A Cooke (Date rec'd by registrar) Registrar	A M.D. or other
Registrar	Address Darphy Dole signed 1 - 10. X.1"

HANTERS TATE DEPOSITION OF THE STATE OF THE



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-2)

CERTIFICATE OF DEATH

()(1644 Reg. Dist. No. 223-

1. PLACE OF DEATH;	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Montgomery	(For newborn infants give residence of mother)	
(If outside city or town limits, write RUKAL and give nearest town)	state Mary land County Howard	
How long in above place of death? One month 44/2 days	(If outside city or town limits, write RURAL and give nearest town)	
Hospital, Institution, or street address where death occurred:		100
Hillside Nursing Home, 21 Sherman Ave	Sireet No	·····
How long in hospital or institution? One manth and 12days	2.(a) If veteran, name war	•••••
3. (a) FULL NAME	3. (b) Social Security N	lumber
Eleanor Warfield Gai	ther	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Single	20. DATE OF DEATH Jonuary 22, 1945	11:10 8
	21. I CERTIFY that death occurred on the date above stated; that f attended decease	
6.(b) Name of husband or wife		1945
7. Birth date of		
7. Birth date of deceased (mo., day, yr.) July 18, 1876	and that I last saw h.e.r. alive on January 2/	197.22
	Immediate cause of death Cerebro	DURATION
10 10 11	Throm bosis	2 days
68 6 7hrsmin.		
9. Birthplace Wood bine Howard Co., Md. (Town, county, and state)	Bue to Arterios clevosis, (erebra)	?
10. Usual occupation House Keeper	end ti	7 44 0
11. Industry or business Farm home	Due to Senila dementia	Grio.
12 Name William Henry Gaither	Other conditions Hypertensian, arterio-	***************************************
13. Birthplace Howard Colorty, Md.	Sa la varilia	?
# 14. Malden name Susan Warfield	(Include pregnancy within 3 months of death)	
15. Birthplace Laurel, Maryland	Major findings of operations	
Mus E Co (= 1) Hisk		
1 24 6 24 /	Autopsy results	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
17. Rematial, cremation, or removal, Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Westmington Trad	Where did lajury occur?	
Om 1		
Location	Injured at home, farm, industry, public place (where?)	***************************************
18. Funeral director. Huntimum Tunical Janus	Means of Injury Injured at work?	0 \
Address 5732 Agg Keyr 1	100 DONNING Wallace 1. Mook	M. D.
10 XMa V3 1044 A STUMA DUA	23. SIGNATURE M. D. of	
(Date rec'd by registrar)	Address Talsoma Fork 12, Md Bate signed	120 143

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FEB 6 1945

PLEASE WRITE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

()()645 Reg. Dist. No. 2/6

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Monlymung	State Md County Mostly
(If outside fity or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. 15 - Williams Land
15 Williams Land	(If rural, giva LOCATION)
How long in hospital or institution?	2.(a) tf veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Say 5. Color or race 6.(g)Single, married, widowed, or divorced	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
well white married	20. DATE DE DEATH. 19.5% 5 at 10:30 PM
6.(b) Name of husband or wite Mallie Gallatine	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C (A M allow allow and	Dep med Gill 10
7. Birth date of	and that I las Coaw h
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
0. Aca.	duth
92 / /min.	coronary orchism suddely
9. Birthplace	Due to.
10. Usual occupation Francisco	
11. Industry or business Francis June	Due to
11. Weestly of Sections	
12. Name — Danklein Wallatin 13. Birthplace — Coma	Dther conditions
M 04	(Include pregnancy within 8 mouths of death)
	Major findings of aperations
15. Birthplace Perma	Date of op.
16. Interment Mars Elsa, y Suster	Autopsy results
Address 15 Williams Lane - Chang Close md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Removal Date thereof Arch. 2, 1945	22. VIOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removai. Which?) (month) (daf) (year)	Accident, suicide, or homicide
Cometery or cramatory	Where did injury occur?
Location annuelle, Ga	Injured at home, farm, industry, public place (where?)
18. Funeral director The S. G. America	Means of Injury tnjured at work?
0 001 11 111	1 10 Brack to m. J.
Address 201~ 19 (V-V)	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. Registrar	Address Address And Delain signed 2 1 - 4 5
(Dave ice in by registrar) // Registrar	Address Signed

FEB 6 1945 DUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N.

Charles	St.,	Baltimore	940
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00646

CERTIFICA	IE OF DEATH Reg. Dist. No. 2/6
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Monlyamery City or town
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 7emale white married	MEDICAL CERTIFICATION 20. DATE DF DEATH
8.(6) Name of husband or wife	7eb 18 19 H3 to law 25 19 45
9. Birthplace	
11. Industry or business 12. Name William Henry Kidewell 13. Birthplace Wash. D. C. 14. Maiden name Zowica Kraft	Biher conditions
14. Maiden name Zouisa Kraft. 15. Birthplace Maryland. 16. Informant Wesley + Gary Address 9.508 Senseleton Dr.	Major findings of operations
17. Burlial Date thereof (127/45" (Burlial, cremation, or removal, Which?) Cematery or crematory. Cematery or crematory. Cematery or crematory. Cematery or crematory.	22. VIOLENCE: 11 death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Um Xarben Tunglisey. Address 7557 Wio - Que. Beehesse In	Means of Injury Injured at work? 23. SIGNATURE AND DESCRIPTION OF STREET OF
19. 2 Golden 19.45 Mar & John Registrary Registrary	

FEB 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-d)



CERTIFICATE OF DEATH

00647

Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Viles Amaria Mel.	State Manpland County Milliaming
City or town (If outside city or town limits, write RURAL and give nearest town)	Miles Assis
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital. Institution, or street address where death occurred:	Street No. 809 Allega Urc
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Roberta M. Show	3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
temale While Gronces	20. DATE OF DEATH VOM ASA 5 19 45 st 6:50 a.m.
O I R MI	
6.(b) Name of husband or wife.	21. I CERTIEY that dead occurred on the date above stated; that I attended deceased from
	DC 1944 to games 5 19 45
7. Birth data fit deceased (mo., day, yr.)	and that I last saw h.l. alive on
8. AGE: Years Moeths Days It less than one day	Immediate canso of death
73 4 11hrsmin.	D. A. + Alexander D. D. T. O.
A C	Consistive Heart Falling Inounce
9. Birthplace	Oue to
10. Usual occupation thansenge	
	Due to
11. industry or business m	
12. Rame. William 7. I onl	Other conditions in land Market Marke
₹ 13. Birthplacs	(Include pregnancy within 8 months of death)
14. Maiden name anne M. O'Veal	
14. Maiden name Angul M. O'Yuak	Major findings of operations.
	Date of op.
16. Informant Miss glida J Fore	Antopsy results
Address 4515 Frant Rd. n. W.	and the second s
17 Duriel Pate thereof Jan 8 1944	22. VIOLENCE: It death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?)	Accideo1, suicide, or homicide
Cemetery or crematory OTM	Where did injury occur?
Location Washington d. C.	Injured at home, farm, industry, public place (where?)
71/2 (5)	Means of injury tojured at work?
18. Funeral director, Wangs Din C. Managania	2.00
Address Siver Spring Med.	23 SIGNATURE STOWLET M.D.
Que 5 15 Doching In Solvall	23. SIGNATURE M. D. ur other
(Date rec'd by registrar)	Address Dugolike The Mingha Date signed and 5, 1945

PLEASE WRITE

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RE	G IN
Z	INC
ARC	FAI
K	d'N
0	TH
	WI im
	PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The consecially important. Physicians: please write the causes of death clearly and legibly.
	AIN
	PL is es

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 472

CERTIFICATE OF DEATH

()	()	0	4	8	
					7

Reg. Dist. No.

I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County MoningomeRy			
City or town Take Man Park M. (If outside city or town limits, write RURAL and give nearest town)	State Di-TRict of Calam browny		
How long in above place of death? / QQ.V.S	City or town		
Hospital, Institution, or street address where death occurred:	Street No. 249 Carroll St.		
Washington San: tar:um + Hosp:tal	(If rural, give LOCATION)		
How long la hospital or institution?7days	2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
Mes. Sadie Yoldberg			
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Female towish			
Female Tewish	20. DATE OF DEATH 1995 at 5:00 Q M		
0 (3) W 4444.	21. I CERTIFY that death occarred on the date above stated; that [attended deceased from		
6.(b) Name of husband or wife	Van 4 1945 to Law 11 1845		
7. Birth data of			
deceased (ma., day, yr.) Dec. 20, 1893	and that saw half allre on Anti-		
	Immediate gause of death DURATION		
8. AGE: Years Months Days If less than one day	Carcinoma Right Jung 1 yr		
51 22mia.			
9 Birtholoca Lithuania			
8. Birthplace (Town, county, and state)	Due to		
10. Usual occupation. Housewife	Bus to		
11. Industry or business Own home			
	A December and a constant		
12. Name	Other conditions Democratic Conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
五 14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations		
14. Malden name.			
C			
18. Informant San: tarium Records	Autopsy results		
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, fill to the tollowing;		
17 Busial Date thereof 1 11 45	Accident, suicide, or homicide		
(Burial, cremation, or removal. Which;) (month) (day) (year)			
Cemetery or crematory There Yorke	Where did injury occur?		
m M			
Location	Injured at home, farm, Industry, public place (where?)		
18. Funeral director B. Namunsky - In	Means of injury - Injured at work?		
3501-146 Ox mal a 11/1 100	1/ //		
Address 301-17 St. M. Cy. Mysh, W. C.	23. SIGNATURE Telegy S. Drown.		
Care 11 46 HATUM DOMA	M. D. on other		
19. (Date rec'd by registrar) Registrar	Address / accours and and led Date signed 1/11/45		
Many rec a of respective	Audicas algued		

FUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

00649

Reg. Dist. No. 223-

City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME	2.(a) If veleran, name war
Edwin Booth Haas	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male White Sugle	MEDICAL CERTIFICATION 20. DATE OF DEATH 20. 19.45 21/:30 P. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from and that I dast saw h
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
8. Birthplace Baltimota, md. (Town, county, and state)	Due to.
10. Usual occupation Ratured Lawyer 11. Industry or business	Due to
12. Name Jaaac C. Itaac 13. Birthplace Woodstock Va.	Other conditions
14. Maides name Rose Baniels 15. Birthplace Jeffenson Co, Va. 16. Informant Miss Rose & Dage	(Inclode pregnancy within 8 months of death) Major findings of operations
16. Informant Misso Rose & Daas	Aotepsy results
Address 24 Montg Que., Jakoma tark Md. 17. Ruxia (Buriai, eremation, or pernoval, Which?) Cemetery or expensions (Month) (day) (year)	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Location Unahimaton, O.C.	Where did injury occur?
Address Silver Spring, Md.	Means of injury Injured at work? Fig. Broschael M. O.
19. Qada 28 19 45 100 000 Gegistrar	23. SIGNATURE M. D. or other Address Faither Lean M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore /3-

CERTIFICATE OF DEATH

0(1651) Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery Country	
City or town 12 0 Ma AY (If outside city or town limits, write RURAL and give nearest town)	State 2: County
How tong in above place of death?	(If outside city of town limits) write RURAL end give nearest town)
Hospital, Institution, or street address where doubt occurred:	Street No. 1415 E-St. S.E
Washington Sanitarium & Hospital	(If rural, give LOCATION)
Bow long in hospital or institution? Q. A.P.S.	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Richard Elmer Hancock	
4. Sez 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White - Married-	20. DATE OF DEATH Jan. 28- 19.45 at 5:30 A.M
6,6) Hame of husband or wife Glady 5 B. Hancock	21. I CERTIFY that death occurred on the date above stated; that haltended deceased from
S(C) Hamilton Hamilton	OCI 30, 19TT, to Jan 28 18 TS
7. Birth date of Salar S	and that I last saw harmalive on Jan 27 19.7
deceased (mo., day, yr.) 2 a.M. 12-1901	Immediate cause of death
8. AGE: Years Months Bays It less than one day	myscardial 48 tus
++hrsmin.	insufficiency 450
8. Birthplace Charles County, Md	Que to Fulnograny edema to lus
10. Usuat occupation grmature winder	The Hall Galletone
11. Industry or business Cabital Transit Co	10 10 10 10 10 10 10 10 10 10 10 10 10 1
	Sund la der Pulm Hat Calchie
12. Hame Richard Harrock 13. Birthplace	Other conditions A. C.
	(Include programey within amonths of death)
14. Malden name	Dustrysting sclerosing pylanic
15. Birthplace	ulce gastro-clissions.
Patient Hospital Paravdel	Antopsy results Thulan Idema: Soft myo Cardin
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Bunial Schothard Par 31,1945	22. VIOLENCE: tf death was due to external causes, fill in the following;
(Buriai, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Gedau Juli	Where did injury occur?
Location Suitand, Sul	Injured at home, farm, industry, public place (where?)
18. Funerat director W. W. Chambers Co.	means of Injury Injured at work?
Address 1400 Chapin St. N. W. Wash.	2 SIGNATURE COOK CONTROL OF SIGNATURE
18 Jan. 28 19 VJ Josephine m. Schaeffler Weistrar	2) SIGNATURE M. D. or other Address 94 Ha. ave, Silver Springer 1-28-45

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 46-20

00651

CERTIFICATE OF DEATH

Reg. Dist. No. 316

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery		
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give neerest town) 5 mo, 6 da	State Kentucky County	
(If outside city or town limits, write RURAL and give neerest town)	City or town	
How long in above place of death?	(If outside city or town limits, write RURAL and give nesrest town)	
	Street No. 2830 Broadway, Paducah, Ky	
USNH, Bethesda, Md.	(If rnrai, give LOCATION)	
Now long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
HANK, Oscar Charles Jr., Ens. 0-	-V(S) USNR	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male W-US Single	20. DATE OF DEATH Jan. 7 1945 at 10:03 P.M	
	21. I CERTIFY that death powered on the date above stated; that I attended deceased from	
8.(6) Name of husband or wife	3. July 19 44 to 7 January 19 45.	
7. Birth date of	and the last see h. 1.77 alive on	
deceased (mo., dey, yr.) 28 Oct 1917		
8. AGE: Years Months Days If less than one day		
27 2 29 min.	1/2-400	
9. Birthplace Kentucky (Town, county, and state)	Due to Francisco 4 mo.	
10. Usual occupation Navy		
10. Usual occupation.	Due to Chronic washing 8 his.	
11. Industry or business	- A	
單 12. Name Oscar C. Hank, Sr.	Other conditions.	
12. Name Oscar C. Hank, Sr. Kentucky		
	(Include pregnancy within 8 months of death)	
14. Maiden name. Inez Trent Kentucky	Major findings of operations Recurrent Caremona of Colon	
≥ 15. Birthplace	t mesocolom Date of op Dec. 15, 1945	
18. Informant Fa: Oscar C. Hank, Sr.	Antopsy results	
Address 2830 Broadway, Paducah, Ky	PHYSICIAN: Please underline the cause to which deeth should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following;	
Removal (Burial, cremation, or removal. Which?) Bate thereof	Accident, suicide, or homicide	
	Where did injury occur? (City or town) (Connty) (State)	
Cemetery or crematory		
Location Paducah, Ky.	Injured at home, farm, industry, public place (where?)	
18. Funeral director W. W. Chambers Wa Magan	Means of injury Injured at work?	
Address 1400 Chapin St. N.W. Wash, D.	1000 08 do 1	
mean the latte someth	23. SIGNATURE Kark Edward Sunt de	
1. 1-8-4545 MarkCharlotteSmith	HC N H Potherda Md. 1-8-45	
(Date rec'd by registrar) Registrar	Address U.S. N n De Gles da, Eld. Bate signed	

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FEB 6 1945
BUREAU V.S.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 832

CERTIFICATE OF DEATH

00652

1. PLACE OF DEATH: County Or Agazance	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Tatant bet ata	State 24 De County Mottle oner		
(If outside city or town limits, write RURAL and give nearest town)	1-1-91		
How long in above place of death?	City or town		
Hospital, Institution, er street address where death eccurred:			
	Street No		
How long in hespital or institution?	2.(a) If yeteran, name war		
Frace Sunders Hayu	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
I W	0 10 1/5 020		
3 0	20. DATE OF DEATH		
6.(b) Name of husband or wife Turkers Co Haywood	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from		
	Illar. 6 18 40, 10 Jan. 12 18 45		
7. Birth date of	and that I last saw h. L. alive on		
deceased (me., day, yr.) mar. 5 1874			
8. AGE: Years Months Days If less than one day	Immediate cause of death		
7.	Allend Tulker		
// hrsmin			
9. Birthplace.	Due to All Bullers		
9. Birthplace (Town, county, and state)			
1D. Usual eccupation. Prouses			
	Due to		
11. Industry or business	-		
12. Name Unthorney Landers 13. Birthplace Count	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Maiden name Darah Ann Fried			
R	Major fiediogs of operations.		
z 15. Birthplace	Date of op.		
16, Informan Miss Ella M. Full	Autopsy results		
Address 302 Th. Telano St. 2700	PHYSICIAN: Please underline the cause to which death shoold be charged statistically.		
Address 30 2 M. Liland N.C. 470	22. VIOLENCE: If death was due to external causes, fill in the following;		
17 Messace Date thereof 1-12-43	Accident, suicide, or homicide,		
(Buriai, cremation, or removal, Which?) (month) (day) (year)			
Cometery or crematory	Where did injury eccur?		
Location	Injured at heme, farm, industry, public place (where?)		
The State There	Means of Injury Injured at work?		
18. Funeral director 41.4.	0		
Address 2901 - 14 K st. new	Ena Man Zun		
100	23. SIGNATURE M. D. or other		
19 1-12-4519 Mes 3 200.	M. D. or other		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-20

CERTIFICATE OF DEATH

00653 Reg. Diat. No. 213_

red. 1

1. PLACE OF DEATH: County (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: O. 8. Morth Odamas Street How long in hospital or institution? 3. (a) FULL NAME	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Many and County Many agreements (If outside city or town limits, write RURAL and give nearest town) Street No
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Single Si	MEDICAL CERTIFICATION 20. DATE OF DEATH 21. I CERTIFY fhaf death occurred on the date above stated; fhat I attended deceased from 19. 44.4. 10. 19. 44.5.
8. AGE: Years Months Phys It less than one day 76 11 25	Immediato canse of death DURATION Due to Due to Durations (Incinde pregnancy within 8 months of deoth) Major findings of operations Date of op. Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
17. Burial Date thereof. Day 4 1945 (Burial cremation, or removal, Which?) Cemetery or erematory. L. L. Lance Cemetery Location Olnery. Ruaryland 18. Funeral director Drames E. Purmphrey. Address Silver Spring, Old. 19. Jan 4 Date ree'd by registrar) (Date ree'd by registrar)	22. VIOLENCE: If desth was due to external causes, fill in fhe following; Accident, suicide, or homicide



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town north Ochever chase.	State manyland county modgo meny
(If outside city or town limit, write RURAL and give nearest town) How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 9129 Consol Transport (12 October 1997)
	Street No
How tong In hospital or instilution?	2.(a) If veteran, name war
3. (a) FULL NAME	3.(b) Social Security Number
4. Sex 15. Color or race 16.(a) Single, married, widowed, or divoced	
	MEDICAL CERTIFICATION
Females white married	20. DATE OF DEATH January / 4 19 45 21 4 A M
8.(b) Name of husband or wife. As blue 7 A welle.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Feb 12 19 4 7 to Jan 19 45
7. Birth date of deceased (mo., day, yr.) Verse 6. 1873	and that I last saw h. A. ative oo
8. AGE: Years Months Days I less than one day	Immediate caose of death DURATION
7/ 6. 22/min.	X cerebra semanage 3 Kour
9. Birthplace Washington V. C.	Due to Arterio Scleracio Many
(Town, connty, and state)	years
10. Usual occupation. A susceriff	Due to.
f1. Industry or business	
12. Name Pyles 13. Birthplace	Other conditions
13. Birthplace Wook - D. C. O.	(Include pregnancy within 3 months of death)
H 14. Maiden name	
14. Maiden name	Major findings of operations.
16, Informant. Margaril Shumes	
A 4. A 9.	Actopsy results
Address 5%. Cuttenden St. N.E.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Cedar Tiele Cend	Where did injury occur?
Location Mary land	Injured at home, farm, industry, public place (where?)
Location (1) (1)	Means of Injury Injured at work?
18. Funeral director.	Tinjures at north
Address 7557 Wes. aul. Bellanda	1 marker / Sna New / Hodahin MO
18. 1-15-45 19 00 1 1 5 June	23. SIGHATURE
(Date rec'd by registrar)	Address 3/3 W Bradby Jack Date signed 1/14/45
	Cheo's Chase red

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FEB 6 1945 BUREAU V.S.

PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 634

CERTIFICATE OF DEATH

()(1655 716 Reg. Dist. No. 716

1. PLACE OF DEATH: Vi and one last	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	
City or town.	State Margland County Montgomes
(If outside sty or town limits, write RURAL and give nearest town)	City or town / Cherry Charle
How long in above place of debth?	City or town (If outside city or town limits, write PURAL and give nearest town)
Mosplial, Instilution, or street address where death occurred:	Street No. 125 W. Fradley Lave.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary + B	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	L
	MEDICAL CERTIFICATION
female white married	20, DATE OF DEATH Lawren 19 19 45 at 4. A.M
Win Janes	
6.(6) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended deceased from
5.(c) If alive, giva ageyears	Oct. 21, 1844, 10 Jane 19 18 45
7. Kirth date off	and that I last saw h Later on 19 19 45
Netessed((jno., day, yr.) / My 20 1811	Immediate cause of death
8. AGE: Years Months Days If less than one day	Cartise usufferency Ink.
13 3 29hrsmia.	
10601 - 11 C	0/ 3/1-
9. Birthplace (Topps, county and state)	Due to Chrome Supp.
	Vascular dequeration /
10. Usual occupation Letonica mount	Due to.
11. Industry or business Cun homes	Thursday coses 15 ms
MI 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
E 12. Name	Diher conditions
2 13. Birthplace Houndmille, Met	(Include prognancy within 3 months of death)
14. Maiden name Way Terrey	(Include pregnancy within 3 months of death)
5 01 11 1	Major findings of operations
\$ 15. Birthplace / Un Blagad Mass	Date of op.
16. Informant Mr Cohn Santrie of	Autopsy results
(1)	PHYSICIAN: Flease underline the cause to which death should be charged statistically.
Address / 25 M. Dradley Jane Charg Charl	no VPOLENCE. If death was due to aviance course fill in the fallowing.
17 Bunal Date thereof Jan 122 1948	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burisi, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or crematory alda July	Where did injury occur?
the man	eq.
Location Sullement	Injured at home, farm, Industry, public place (where?)
18. Funeral director Manny E. Lumphruff	Means of injury Injured at work?
11 /2 42/	SGR DON'T
Address Shor Spring, The-	6. J. I Laursfeld h
1/19 15 2mm ED. D. E	23. SIGNATURE M. D. of other //
19. (Date fee'd by registrar) Registrar	12 ethests Mis 1/10/41
(Date rec a my registrar) / Registrar	Address Date signed Date signed

FEB 6 1945
RUREAU V.S.

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (837)

CERTIFICATE OF DEATH

00656 Reg. Diat. No. 276

1. PLACE OF DEATH: County Moulgonery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Margle de County Monlyonery
City or town (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (1f outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1822 Custer Cal-
Jahoun Harry	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME,	3. (b) Social Security Number
4. Sex 5. Color or ruce 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
m. W. am. M.	20. DATE OF DEATH 2012 24 1945 at 1236 MM
6.(6) Namo of husband or wife Mrs. Transis Kavanash -	21. I CERTIFY that death coursed on the date above stated; that I attended deceased from
7. Birth date of Section 1997 (Control of the section of the secti	January 23 1945 10 January 24 1945
7. Birth date of deceased (mo., day, yr.) January 28 1896	and that I last saw h. alive on January 24 1945
8. AGE: Years Months Ors It less than one day	Immediate cause of death DURATION Shows
4%hrsmin.	Coardia Milalus Inc.
9. Birthplace (Rown, county, and cate)	Due to Banesaland artura selessis 3-44m
10. Usual occupation Rating version	
11. Industry or business	Due to
12. Name Lanes Causa and T	Dther conditions «
14. Maiden same Mary me Helery	(Include pregnancy within 8 months of death)
15. Birthplace Elmina n. gorld	Major Endings of operations. 2004
S A CONTRACTOR	Date of op.
Address 7822 Custon Road	Autopsy results
2 : 6	22. VIOLENCE: It death was due to external causee, till in the tollowing:
17(Burial, cremation, or renoval. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory St. Maryo Camelley	Where did injury occur? (City or town) (County) (State)
Location Washington D. C.	Injured at home, farm, industry, public place (where?)
18. Funeral director lum Alenden Tuemphre	Means of Injury Injured at work?
Address 7557 Wis . Que. Betheledad	23. SIGNATURE LOBOLOgianos. m.C.
10/-24-45 md	M. D. or other
(Date rec'd by registrar) Registrar	Address 943 Boxefauf: Pt Dato signed Jan. 24, 1945.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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00657

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County. Montgomery City or town Bethesda, Md. (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? nine days Hospital, institution, or street address where death occurred: U. S. Naval Hospital, Bethesda, Md. How long in hospital or institution? nine days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State D. C. County Washington (If outside city or town limits, write RURAL and give nearest town) Street No. 4007 21st St. N. E. (If rural, give LOCATION) 2.(a) If veteran, name war.
KELLEY, Olive Mildred	3. (b) Social Security Number
4. Sex female W-US 6.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. Jan 23 19 45 8:40p m
6.(b) Name of husband or wife. Maj. Michael J. Kelley, USMC 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) April 17, 1894	21. In CERTIFY that death occurred on the date above stated; that I ettended deceased from 19. 4.5. and ther I last saw h. last
8. AGE: Years Months Days if less than one day	Immediate cause of death Cerebral / Lesson Lage DUBATION 12/ Jours On Dasio of application and application
9. Birthplace	Due to. Diher conditions (Include pregnancy within 8 months of death)
14. Malden name. unknown 15. Birthpiace unknown	Major findings of operations ACMS Date of op.
16. Intermant husband: Maj. Michael J. Kelley Address 4007 21st St. N. E., Wash., D.C. 17. removal (Burlal, cremation, or removal, Which?) Cemetery or crematory Location 16. Funeral director W. K. HUNTMANN (MTE) Address 5732 Georgia Avenue, N. W. Wash. D.G.	Autopsy results
19. Jan 24 (Date ree'd by registrar) 18. Mary Charlotte Smith	23. SIGNATURE SCHOOL STORM M. D. of other S. A. Address USNH Bethesda, Md. Bate signed 100 34 7:5

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MARYLAND STATE DEPARTMENT OF HEALTH

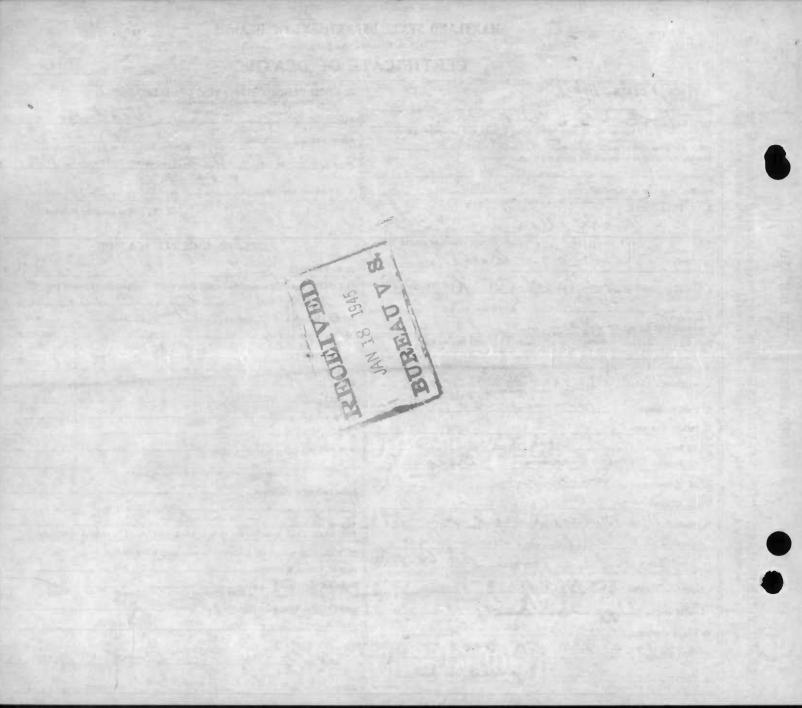
2411 N. Charles St., Baltimore (48-6)

CERTIFICATE OF DEATH

00658

Reg. Dist. No. 214

1.1.111	
1. PLACE OF DEATH: 4// /// //	2. USUAL RESIDENCE (HOME) OF DECEASED:
County William	(For newborn infants give residence of mother)
6 9 0 5/11 0 0 1	side III Cl and Mondamen.
(If outside city or town limits, write RUKAL and give nearest town)	State County County
5 11 P A A	City or town Un alum spanish
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street eddress where death occurred:	Street No. 208 - Williamshing Ng.
	(If rural, give LOCATION)
Now had to become a leastfulled	//
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mary allan Kolaha	o. (b) booms because stampes
may accert reppe	
4. Sex 5. Gologo Place 6.(a) Single, married, widowed, or divocced	MEDICAL CERTIFICATION
For Mille to Marriago da Comos	Jany 3 1/5 5:501
Fe. That I make whowy	20. DATE OF DEATH 1970 31. 51. 50 M
1 +1 1 / 1 - 0/	
6.(b) Name of husband or wife Strotty A 1 1992	21. I CERTIFY that death occurred on the date above stated: that hattended deceased from
	Supust 1973, 10 Stay 3 19 9
7. Birth date of years	Janes
deceased (mo., day, yr.) 8/124 20 - /870	
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
O. AGE:	Cancer Merus 3years
/4hrsmin,	
New York City n. U	
9. Birthplace	Due fo
(Town, county, and state)	
10. Usual occupation. House well	
	Due fo
11. Industry or business	
E 12. Name Rocke	
	Diher conditions
13. Birthplace de land	(Include pregnancy within 8 months of death)
E un lesson	(Include pregnancy within 8 months of death)
1 2 14. Maiden name	Major Endings of operations
15. Birthplace Crefand	
74 74 1 1 1	Date of op.
18. Intermant Mrs Mildred and way	Autopsy results
Address 208 Williams burg Dr.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 208 Williams burg por.	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
17 /3mal Date thereof Min 60 - 1940	
(Euriai, eremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
7 4 001 20 0	Where did injury occur?
Cemetery or crematory	Where did injury occur?
Leading Blodewiller Do wosh, No.	Injured at home, farm, indosiry, public place (where?)
2/(//)/	
18. Funeral director Ale St Humes Co	Means of Injury Injured at work?
- Co. 1/76 SY \111	
Address 2901-14400	John Mudrowo h. S.
1 1 1 2011 2 2 1 4	23. SIGNATURE M. D. or other
18 face if 18 th Jorganie M. Dehalf fly	Address (Silver Spring had page of 1-3-45
AData registrar	Address Date signed 1



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1	8	

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

()()659 Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
courty Monfatryery	(For newborn infants give residence of mother)
(If outside city of rown limits, write RURAL and give nearest town)	State Maryland County Moulgornery
How long in above place of death?	City or town
Hospital, Institution, or street didress where feath occurred:	Street No. 417 Pershing Drive
Sulurban Hospital	(If rural, giye LOCATION)
How long in hospital or institutioo?	2.(a) If veteran, name war World Was # 1.
3. (a) FULL NAME	3. (b) Social Security Number
Carl Roch	
4. Sex 5. Color or race δ.(α)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male volite married	20. DATE OF DEATH. JALLE - 17 9 19 45 01 9 50 M
O Le !	21. I CERTIFY that death occurred on the date above slated; that lattended deceased from
6.(b) Name of husband or wife	19.44 10 22 11 19.42 10 10 10 10 10 10 10 10 10 10 10 10 10
7. Birth date of years	and that I last saw h alive on Sandhaday 17 1945
deceased (mo., day, yr.) APY-10g 1894	Immediate cause of death Coall an Aslefation DURATION
8. AGE: Years Mooth Days If less than one day	124
50 9 7nrsmin.	
9. Birthplace Drook (Town, county, and state)	Due to Commanding I Sumal water 2 Months
10. Usual occupation	
11. Industry or business R.F.C.	Due to
12. Name IS AR L. P. HOCK. 13. Birthplace GERMANY	Diher conditions
2 13. Birthplace GERMANY	
# 14. Maiden name Dorother Garger	(Include pregnancy within 8 months of death) Major findings of operations.
15. Birthplace GERMANY.	Date of an
16. Interment Mrs Latter & Koch.	Autopsy results.
Address 417 Peraling Drive Silve Spring	PHYSICIAN: Flease underline the cause to which death abould be charged statistically.
0 0	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Quital, cremation, or removal, Which?) Bate thereof. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory alugation National.	Where did lejury occur?
location arling law 80 - Va	
	Injured al home, farm, industry, public place (where?)
18. Funeral director What & Bunkhay	Means of Injury Injured at work?
Address By D& Ga Que - Selves Spring - Md.	23. SIGNATURE (1) 18/1/21/100 mp
(Daté rec'd by registrar) (Daté rec'd by registrar) Registrar	23. SIGNATURE M. D. or other M. D. or other

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FEB 6 1945

THEREAU V.S.

\$16 CASE OF THE PARTY OF THE PA

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 186-0

CERTIFICATE OF DEATH

00669

Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town GIA C. M. S. M. G.	state Maryland county Mantgomery
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
The Montgamery County General Hospital Lu	Street No
How long In hospital or Institution?	
	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Miss Harriet addings he	20
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female White Single	10 334-
Temale I WHITE I STUBLE.	20. DATE OF DEATH. JANUARY 10 1945 at 3:30 A.M.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
7. Birth date of	Dec 30 - 1844 to Danuary 10 18 45
	and that I last saw h.e.v. alive on Salakary 10 19.45
deceased (mo., day, yr.) 2 une 5 1845 8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
0. 102.	General destruction & flats
99 / 3 hrsmln.	, , , , , , , , , , , , , , , , , , , ,
9. Birthplace Sandy Sp. t. in a. Mauta. Co. Md.	on associated with
Town, county, and state)	fracture of Jenuice 11 days
1D. Usual occupation	Due to.
11. Industry or business	
E 12 Name Thamas hea	Other conditions
\$ 13. Birthplace Wilminston, Delaware	VIIIE CONDITIONS
	(Include pregnancy within 3 months of death)
# 14. Maiden name Beulah addings	Major findings of operations.
\$ 15. Birthplace Thiladelphia, Penna.	Qate of op.
16. Interment Hospital records	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) Date thereof (months) (day) (year)	Accident, suicide, or homicide accident Date of Del 30 44
(Burial, cremation, or removal. Which?) (month) (day) (year)	Where did injury occur? L. A. W. L. L. Com.
Cemetery or cremetery	Sality of town (State)
Location 3 run elow margland	Injured at home, farm, Industry, public place (where?)
Bastle	Means of Injury Lell Moson Kson Injured at work?
18. Funeral director Land	21 2 11
Address of offonsville man	23. SIGNATURE Chas O Sumbleson
" (ant 13 my the tride B Laule	M. D. or
(Date rec'd by registrar) Registrar	Address Sandy Spring Md nate stoned 1/10/45

FEB 8 1945 BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (177-B)

THE IN CHAPTER St., BARTIMORE (1/1/C)

00661

Reg. Dist. No. 2/2

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
City or town (If outside city or town limits, write RURAL and give nearest town) How long to above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street addrass where death occurred	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Richard Wade Leite	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Singlo, married, widowed, or divolced	MEDICAL CERTIFICATION 20. DATE DE DEATH
6.(b) Namo of husband or wife	21. I CERJIFY that death occurred on the date above stated: that I attended deceased from
7. Birth dato of deceased (mo., day, yr.) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	and that I last saw hallva on
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
9. Birthplace Book (Town, county, and state)	Duo to Carlon monorice Saraning (and Id) Boe to
11. Industry or business 12. Name	Other conditions
14. Maiden name Muri Jee Jeth	(tnclude pregnancy within 8 months of death) Major findings of operations.
16. Informant	Autopsy results
17 But thereof (Septimental Which?) (Buriat, cremation or removal Which?) Cometery or crematory	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide. Whera did injury occur? (City or town) (County) (State)
Location Middlebrurg Ra. 18. Funeral director	Injured at homo, farm, Industry, public place (where?) Taxand Means of Injury Injured at work? The A Brosshart M. O.
Address O San Company of Charles Registrer Registrer	23. SIGNATURE M. D. or other Address M. D. or other

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FES 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

00662 Reg. Dist. No. 2.15....

1. PLACE OF DEATH: Montg Co,	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Maryland county Montg
How long in above place of death? <u>20 J.P.S</u> Nospital, institution, or street address where death occurred:	City or town (If outside city or town limits, write RURAL and give nearest town) Street No
Now long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Maud Getzendiner Linthi	GUM 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divofced Female White Married	MEDICAL CERTIFICATION 20. DATE OF DEATH
B.(6) Name of husband or wife George Best Linthicum 6.(c) It alive, give age 54 years 7. Birth date of	21. I CERTIFY That death occurred on the date above stated; That I attended deceased from
7. Birth date of deceased (mo., day, yr.) Sept 29th 1886	and that I last saw hammalive on
8. AGE: Years Months Days It less than one day 1886 58 3 10 hrshrs.	Immediate cause of death DURATION 2 Lagran
9. Birthplace	Due to Chronia Cardin-rural durase 3 yr
1D. Usual accupation	Due to Inspertention 4 for
William Getzendiner 12. Rame Md.	Diher conditions diabelia 10 72
t4. Maiden name Bell Remsburg	(Include pregnancy within 8 months of death) Major fludings of operations.
	Date of op
16. Informant George Best Linthicum Address Clarksburg Md.	Autopsy results
Burial Date thereot 1/12/45 (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory Mt Olivet Cemetery	22. VIOLENCE: It death was due to external causes, fill in the following; Accident, suicide, or homicide
location Frederick Md,	Injured at home, farm, industry, public place (where?)
1004100	Means of Injury Injured at work?
18. Funeral director C. E. CLINE. Address Frederick Md.	Al. Broschart M. J.
19. Jan 10 19 45 almala y Con Registrar	23. SIGNATURE M. D. or other Address Date signed 1-10- x S.

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FEB 6 1945

BUREAU V.S.

PLEASE

A15 NS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93.4)



00663

CERTIFICATE OF DEATH

CERTITICAT	Reg. Dist. No.
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced market market	MEDICAL CERTIFICATION 20. DATE OF DEATH. 21, 19 45, 21, 6%.
6.(b) Name of husband or wife	21. I CERTIFY thandealh occurred on the dale above slated; that I attended deceased from 19. 10. 19. 19. 19. 19. 19. 19. 19. 19. 19. 19
11. Industry or business 12. Name Javel Jemode 13. Birthplace Seetland 14. Malden name Mary Clen 15. Birthplace England	Other conditions (Include pregnaucy within 3 months of death) Major findings of operations. Date of op.
18. Informant Edward Address 4.5.32 19th St. Oxlington Va. 11. Butting Community (Burial, cremation, or removal. Which?) Cemetery or crematory. The Community (Community) (C	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
18. Funeral director LUM Yeufen Junghrey Address 7557 Wio. One. Belleyla 177 19. (Data ree'd by registrar) SRegistrar	Injured at home, farm, industry, public place (where?) Means of lojury Injured at work? Injured at work? Address Buttersta Bate signed Address

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ABIATORIAN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

00664

CEDTI	FIC	ATE	OF	DEATH	1
CERTI	FIL	AIL	OF	DEAL	٦.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County mont go raffing	(For newborn infants give residence of mother)
City or town Jakona Parlla	State County
(If outside city or town limits, write RUKAL and give nearest town)	City or town Washington
How long in above place of death?	(If outside city or town limits, write KUKAL and give nearest town)
Washington Samuel Some Washing	Street No. 5826 Newslander M. W.
1 1 2 5 5 5 6	(If rural, give LOCATION)
	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Donald Floyd of wiford	
4. Sex 5. Color or race 6.(a) Single, married, widowed, of divorced	MEDICAL CERTIFICATION
male waite married	20. DATE OF DEATH. January 20 18 45 at 4 9. M
8.(6) Name of husband or wife Muse Pauline Debb Lune for of	21. LCERTIFY that death occurred on the date above stated; that Lattended deceased from
	March 1843, 10 Jaw. 20 19 45
7. Birth date of	and that I last saw h. Law alive on Johnson 1945
deceased (mo., day, yr.) May 13, 1887	Immediate cause of death.
8. AGE: Years Months Days If less than one day	acute Kephrilis Terminal
5-5-8 hrsmin.	
me interior	Kephanele asia "Hears
9. Birthplace	Due to.
10. Usual occupation Real Estate	allerial Gound Here
	Due to Assessable Tennas Jeans.
A 1	
12. Name albert Lutterd England	Dther conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Cela Mayerel Tlayd 15. Birthplace Muskingon Mislings	Major findings of operations.
15. Sirtholace Musking Midling	
D 1 1 1 . 1/2 1/2 1	Date of op.
16. Informant Records	Autopsy results
Address Jakomalark, md	
17 Removal Bate thereof from 20-1945	22. VIOLENCE: If death was due to external causes, fill in the following;
(Bnrial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Westington H. C.	Injured at home, farm, industry, public place (where?)
The SH / Himes Co	Means of injury Injured at work?
18. Funeral director.	2011-11
Address 2401-14 770/11/11	23. SIGNATURE / Cohert atare his
" Jan 20 45 ATTIMA NOTAL	23. SIGNATURE M. D. of other
(Vote rec'd hy registrar)	Address / akoma lack Mg. Date signed 1/2045

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FEB 6 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Char

les	St.,	Baltimore	(163-48
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00665

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH: Gounty. Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	State	***************************************
How long in above place of death? 2. hours	City or town. Washington, D. C. (If outside city or town limits, write RURAL and give new	rest town)
Nospital, institution, or street address where death occurred: USNAVAL HOSPITAL, Bethesda, Md.	Street No36. Longfellow. St. N. W. (If rural, give LOCATION)	
Now long in hospital or institution? 2 hours	(If rural, give LOCATION) 2.(a) If veleran, name war	/
3 (a) FILL NAME	0.47.6.116.11	Namban
LUYSTER, Arnold Burton, CPhM	USN 3. (0) Social Security	Munder
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male W-US married	20. DATE OF DEATH Jan 29 19.5.4.	at /2:42 A M
6.(b) Name of husband or wife	21. I CERTIFY that geath occurred on the date above stated; that I attended dece	ased from
	Def Med Even bear	
7. Sirth date of deceased (mo., day, yr.) 21 June 1918	and that I last saw halive on	
8. AGE: Years Months Days It less than one day 26 7 08 hrs. min.	Immediate cause of death	2 hrs
9. Sirihplace MO. (Town, county, and state)	Due to Vomitus	2 hrs
10. Usual occupation.	Que to Barbiturate	2 hrs
1t. Industry or business Navy		7
12. Name alouno Bouers Luestee	Dther conditions	200001000000000000000000000000000000000
14. Maiden name Della Sayers	(Incinde pregnancy within 8 months of death)	
15. Birthplace Linneus, mo.	Major findings of operations	
Wife: Mrs. Arnold B. Luyster	A-No	
Address 417 East Colton Avenue, Redlands, Cal	PHYSICIAN: Please underline the cause to which death should be charged	statistically.
burial (Burial, cremation, or removal. Which?) Date thereof. (month) (day) (year)	Accident, suicide, or homicide. Suicide Bate of 1-	-29-45
Cemetery or crematory. Arlington National	Where did injury occur? Washington, D. C. (City or town) (Connty)	(State)
Location Arlington, Va.	Injured et home, tarm, Industry, public place (where?)	
18. Funeral director W.W. Chambers, 1400 Chapin St.	Means of injury Injured at work?	1
Worthington D C NAS-	Frank! Browhart M.	
19. Jan 31 19. 45 Mary charlotte Smith Registrar	Man of a little of the state of	or other
(Date rec'd by registrar) Registrar	Address Dato signed.	1

THE REPORT OF THE PARTY OF THE

RECEIVED FEB 6 1945 BUREAU V.S.

THE RESERVE OF THE PARTY OF THE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (330)



CERTIFICATE OF DEATH

111666 Rog. Dist. No. 2/3_

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn lufants give residence of mother)
Cily or lown (If outside city or town limits, write RURAL and give nearest town)	State Manylund County Many
How long in above place of death?	City or town (If outside city or town limits, write RERAL and give nearest town)
Hospifal, institution, or street address where death occurred:	Me For the
	(If rural, give LOGATION)
How long in hospifal or institution?	2.(a) It veteran, name war
3. (a) FULL NAME Sline Roth X D. 7	(LYTLE) 3. (b) Social Security Number
4. Sex 5. Color or race /6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
F White Widow	
www. 10 0. L.d.	20. BATE OF DEATH. 10 19 4 A 31 2:44 A. M
6.(b) Name of husband or wife Monglas Lylle	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from
May 1/1	19
7. Birth date of	and that Wast saw h alive on eare 18.
deceased (mo., day, yr.) Lee 23, 1860.)
8. AGE: Years Months Days If less than one day	Immediate cause of death
20 0 17	Cerebral Taleansahange Ton
83 / /hrsmin.	alad
Glasson Scotland	Posts and the second se
8. Birthpiace (Town/county, and state)	Due to
10. Usual occupation.	Due to
11. industry or business	
12 Hame alexander Kennedy	Bu
	Dither conditions
	(Include pregnency within 8 months of death)
14. Malden name Janet Barr Kennady	
E 1/2 N O	Major findings of operations
\$ 15. Birthplace (Clasgow, Scotland	Date of op.
grahade Sattle	Autopsy results
1B. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Telen Coal Colomac Mist	
Court: 0011 10-11 145	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
(Buriai, cremation, or removal. Which?) (Buriai, cremation, or removal. Which?)	Accident, suicide, or homicide
and land blind	Whore did leave accur?
Cemetery op crematory	Where did injury occur?
June tes. " Hast to Suet and Me	Injured at home, farm, industry, public place (where?)
	Means of injury Injured at work?
18. Funeral dyector. Gawlers Gove	
Address 1712 + Penn are A W. Wesh, AC.	Frank J. Broschart M. S.
11/2 10 10 01	23. SIGNATURE M. D. or other
19. 1/0 1945 Joulphine & Moollon	
(Onte rec'd by registrar)	Address Southers and mel Date signed 1-10-41

RELATE OF THE SERVE STATE OF A PERCH

BEFARE HOUSTWOLFF FREIS

THE RESIDENCE OF STREET

PERSONAL IN THE PERSONAL PROPERTY.

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BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

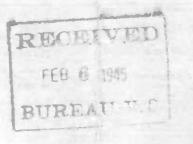
2411 N. Charles St., Baltimore 92-6

CERTIFICATE OF DEATH

00667

Reg. Dist. No. 2

1. PLACE OF DEATHY	2. USUAL RESIDENCE (HOME) OF D	
County	Marrand	montamera
City or fown. (If outside city or town limits, writ RURAL and give nearest town)	State County County	10 - A
How long In above place of death?	City or town	rite WURAL and givs nearest town)
Hospital, Institution, or streef address where death occurred:	Street No. 8- Brooks A	we
	(If rural, give LO	CATION)
How long in hospital or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME Girginia Catherine le	amhart	3. (b) Social Security Number
4. Sex 5. Solor of race 6.(a) Single, married, widowed, or divorced	MEDICAL CER	TIFICATION
female white married	1	
Rosse & mainleant		20- 1845 at 72 1
8.(b) Name of husband or wife()) WCC /7, 41/47/47/47	21. I CERTIFY that death occurred on the date above s	
6.(c) It alive, give ageyears	1936	
7. Birth date of deceased (mo., day, yr.) OCT - 21- 1915	and that I last saw hotel alive on	19
8. AGE: Years Months Days If less than one day	Immediate cause of death Immediate cause of death Immediate cause of death Immediate cause of death	DURATION
29 2 30 hrsmin.	The state of the s	J. J.
Pertruments Ora.	mitral moult enach	a am I
9. Birthplace (Town, county, and state)	Due to Augustia	
10. Usual occupation at home		***************************************
11. Industry or business Keeping house	Due to	•••••••••••
11. Industry of business		***************************************
12. Name William Jee	Other conditions	
	(Include pregnancy within 3 mont	hs of death)
14. Malden name Isilia J. Barrett. 15. Birthplace ontamosth Va.	Major findings of operations	
= 15. Birthplace Olymorth Va.		
16 Informant Bruce R. Mainhart	Autopsy results	
Address gaithersburg, and.	PHYSICIAN: Please underline the causs to which	
	22. VIOLENCE: It death was due to external causes,	till in the following:
(Burlal, cremation, or removal. Which?) Bate thereof (month) (day) (year)	Accident, suicide, or homicide	Date of
Cometery or crematory Forest Dak Cemetery	Where did injury occur?(City or town)	
Mitherelina mad	(City or town) Injured af home, farm, Industry, public place (where?	
Location D	Means of Injury	injured at work?
18. Funeral director Weuden Funghrey	15 00 0	Injured at works
Address 7557 Wis. Que Belhesdy Ind	23. SIGNATURE Alliam C.	Hilly M.D.
19 Jan 21 1945 ahudus & Carke	anthershire 4	M. D. or other



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (3)-0)

CERTIFICATE OF DEATH

00668 216 Reg. Dist. No.____

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infangls give regidence of mother)
County County Control of the County C	State Marshands County Montgomery
City or town (If outside city or town limits, write KURAL NEAR and give town)	10 10 10
Street address, hospital, or institutiony	City or town (Routside City or town limits, write RURAL NEAR and give town)
	Street No. 3-18 Augh
Stay in hospital or inst. (yrs., or mos./or days)	(IL royal give LOCATION)
Stay in this community (yrs., or mos., or days)	2(c) IF VETERAM, NAME WAR
3. (a) FULL NAME Mary J. Me	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, prarried, widowed, or divorced	MEDICAL CERTIFICATION
+ W. Wharried	20. DATE OF DEATH Jasue 15 19 45, 242:30M
6 (b) Name of husband or wife	21. I CERTIFY that Beath occurred on the date above stated: that I attended deceased from
// //	lass, 5 1948 10 Jan, 15 1945
7. Birth date of	and that I last saw h alive on forms 14 19 43
deceased (mo., day, yr.) Warch 6 - 18/6	Immediate cause of death Congestual DURATION
8. AGE: Years Months Days It less than one day	Theart Failure 10 clave
68 J Jhrsmin.	a suto Bulgaran Embolin 26 Per
9. Birthplace Ireland	Due to Caralia - anastrular
(Town, county, and atate)	resial disense 5 yes
10. Usual occupation - Valuating	Due to
11. Industry or business	8, 000000000000000000000000000000000000
12. Name / Connor	Dther conditions
# 14. Maiden name - Afterey Griffish	(Include pregnancy within 3 months of death) Major findings: PHYSICIAN
15. Birthplace Problem	Of operations
21.20	death should be charged statisti-
16. Informant - 1-1- feb - 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-	Ot autopsy
Address 3/8 / + 29h / 10/10/15	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. Bunul Date theregt and 18,1785	Accident, suicide, or homicide Bate ot
(Burial, cremation, or removal. Which!) (mynth) (day) (year)	Where did Injury occur?
Cemetery or crematory	(City or town) (County) (State)
Location Washproplany - 27.	Injured at home, tarm, industry, public place (where?)
18. Funeral director albert asken	Means of injury Injured at work?
Address 641- 17 1- M. E. Wash D.	P. dichery & Barragio and
1-15-45 hs Jako	23. SIGNATURE M. D. of other,
(Date rec'd by registrar) Registrar	Address 3921 Sugarum & Eleparte signed /15/45

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FEB 6 1945
BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Mon 7 gomers	2. USUAL RESIDENCE (HOME) OF DECEASED: (Feenewborn infants give residence of mother)
1 11 6 1	State Mary land county Mont Jones y
(IT outside city or town limits, write RURAL and kive nearest town)	
How long in above place of death?	(If outside city or town timits, write FURAL and give hearest town)
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Hugh Edward	Mc Nealy 3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Musicel	MEDICAL CERTIFICATION 45 20. DATE DE DEATH 20. DA
Andie Vananie	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
B.(b) Name of husband or wife.	April 15 H. 19.444, to Jan 9 18.45
7. Birth date of	and that Uast saw h. down alive on
deceased (mo., day, yr.) Lee 14-1908	Immediate cause of death
8. AGE: Years Months Days It less than one day	astheria
09 hrsmin.	A. E. E. C.
9. Birthplace Town, county, and state)	Due to Melastatic Caremana
10. Usual occupation / Kades Dechnices	(3/maliness) 6 mgs.
11. Industry or business	Due to CASCALLA CAREACTER
	Other conditions
12. Name Many B Mc Neal,	
14 Maitien name Estelle Croson	(Include pregnancy within 8 months of death)
14. Maiden name Estelle Croson 15. Birtholace Jack Va	Major findings of operations.
Sadia Was Malland	Date of op. Q 221 13,1944
1B. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 174/- Capital Crew are	22. VIOLENCE: It death was due to external causes, till in the toilowing;
(Buriai, eremation or removal Which?) Bate thereot (month), (day) (year)	Accident, suicide, or hemicide
Cemetery or crematory fort Lincholus 4, 1940	Where did injury occur?
Work, Dlx. 1	(City or town) (County) (State)
De S. H. Sures Co	Means of Injury Injury Injury
18. Funeral directo	
Address 2901-1422 7000	23. SIGNATURE SALLES TO Charles
19. Jan. 10 19.45 Josephino M. Schaeffer	M. D. or other
(Date rec'd by registrar) Registrar	Address 1/26 2 1 7, W. Date signed 1/9/45

A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 157.0

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
City or town. (At outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, write (URAL and give nearest town)	City or town groutside city or town limits, write RURAL and give nearest town)
How long in above place of death?	2 outside city of town limits, write RURAL and give nearest town)
	Street No. (If rural, give LOCATION)
	2.(a) If veteran, name war.
How long in hospital or institution?	
3. (a) FULL NAME David Lee Apiller	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Rough	20. DATE OF DEATH January - 4 - 1945 at 4 A M
	21. I CERTIFY that death occurred on the date above stated; that Jattended deceased from
6.(b) Name of husband or wife	January - 3 - 1945 to January - 1 19 45
7. Birth date of	about that I last saw h and alive on Samualy - 3 - 1945
deceased (mo., day, yr.)	Immediate cause of death.
8. AGE: Years Months Days If less than one day	Congenital heart aneare 5 hours.
0 0 0 5 hrs. 0 min.	
anithen burg and.	
9. Birthplace gaithersburg 4Md. (Town, coupty, and state)	Due to
1D. Usual occupation. MANNA	
	Due to
11. Industry or business	
12. Name Thomas Hoyt Galler 13. Birthplace Rio, Ir, Ca.	Other conditions
13. Birthplace Mo, II, Va.	(Include pregnancy within 3 months of death)
14. Maiden name Dannie Pearl Reynolds	
	Major findings of operations
15. Birthplace Rio, W. Va.	Date of op.
18, Informant Annue Oslan Affilia	Autopsy results
Address gauthersburg, 49. 1-3	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B. 1 945	22. VIOLENCE: It death was due to external causes, till in the following;
(Burial, cremation, or removal, Which?) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cromotory Hassie Stell	Where did injury occur?
p. 10 1 m	
Location Destation	Injured at home, farm, industry, public place (where?)
18. Funeral director Thomas Stout. & Miller	Means of Injury Injured at work?
Address Redland. Ded.	William G. Hiller, M.D.
0 -1111 1110	23. SIGNATURE M. D. or other
19. Date ree'd by registrar) Registrar	Address Mithersburg Hig Date signed 1-4-45

RECEIVED

FEB 6 1945

BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Mextgemery		
City or town	State Mary and county Mant gamery	******
How long in above place of death? Life.	City or town [If outside city or town limits, write RURAL and give nearest town]	
How long in above place of Death?	(If outside city or town limits, write KUKAL and give nearest town)	
magna, mananan, at attor aggrees milit aggrees	Street No. (If rural, give LOCATION)	******
How long in hospifal or institution?	2.(a) If veleran, name war	******
3. (a) FULL NAME	3. (b) Social Security Number	
Joseph J. Mil stead 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
male white married.	20. DATE OF DEATH Jamuary 9 19.45 at 7 3	A.M
6.(b) Name of bushand or wife Bortha Briggs milstoad	21. I CERTIFY that death occurred on the dale above stated; that I attended deceased from	
	December 2 1844, 10 Jan. 9 18	45
7. Birth date of	and that I last saw h 1 m allve on December 2. 19.5	1
deceased (mo., day, yr.) Qualist 13, 75	Immediate cause of death	
8. AGE: Years Months Days If less than one day	acute Cardiac Dilatation Iday	
69 4 26nrsmin.	CANAL MARK LANGE HELDER LANGE HER LANGE HELDER LANGE HELDER LANGE HELDER LANGE HELDER LANGE HELD	ł
	Due to Chronic myocarditis 140	a 60 .
9. 8irthplace Mery 2 (Town, county, and state)	Due to Chronic Myocarditis 1409	A.Z
10. Usual occupation. None		
_ , , ,	Due fo	***********
11. ladustry or business Retired tarmer.		
# 12 Name Joseph 1. Milstead	Other conditions	**********
13. Birthplace md.		
14. Malden name. U. u. l.a. Mash.	(Include pregnancy within 3 months of death)	
To make the same of the same o	Major findings of aperations.	
•	Date of op.	
18. Informant U.Le	Autopsy results.	
Address	PHYSICIAN: Please anderline the cause to which death should be charged statistically.	
	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide	
Cemetery or crematory BURTONSUILLE UNION	Where did injury occur?	•••••
Location BURTONSVILLE M.D.	Injured at home, farm, Industry, public place (where?)	
	Meaos of Injury Injured at work?	
18. Funeral director to the Rusham transpling	1 1	
Address Berthing Manifest 1	m 3 m 20	
1 = 10 ob X	23. SIGNATURE	••••••
19. Jan 19 Se Jude 5 - Vame (19) te rec'd by registrar) Registrar	Address Sandy Spring - md Bate signed / 19/4	15

FEB 8 1945

BUREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

() () 672/8 Reg. Diat. No. 20/8

2455

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mongoniery	
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or siseet address Aftere death occurred:	070 #2
Sulveryan Sosula	Street No.
How long in hospital or institution? 32 Lets 4	(If rural, give LOCATION)
	2.(d) If veteran, same war
3. (a) FULL NAME	3. (b) Social Security Number
Everest Mouroe Mosle	4 578-16-1374
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
mile white massind	0 0 00 45 2.15
made want married	20. DATE OF DEATH. 2010 - 2. 9 19 46 at 3:15 P. M.
6.(b) Namo of husband or wife. Margaret	21. I CERRIFY that death occurred on the date above stated: that I attended deceased from
	Sty Med Engly to 19
7. Sirth date of	and that I last saw h
deceased (mo., day, yr.) 8 A.G.E. Years Moeths Days It less than one day	Immediate cause of death
8. AGE: Years Mooths Days It less than ooo day	Should S'along
31 0 10 min.	
9. Sirthplace Frederick 6. W.S.	- 1 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
(Town, county, and state)	Bue to.
10. Usual occupation Policeman	
	Dua to
11. Industry or business	
E 12. Name AMASS	Other conditions
13. Birthplaco Mouraonery Ca. Mar	
14. Maiden name Lillians Utallana	(Include pregnancy within 8 months of death)
	Major findings af operations.
2 15. Birthplace Neelsville & Ma-	Date of op.
16. Informant ASSIGN	Autopsy results.
Address 8ame -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12:0 4/1/20	22. VIOLENCE: If death was due to external causes, filt in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicido, or homicide
man tan	Where did latery neces? Faitherfung Many med
Cemetery or crematory	(City or town) (County) (State)
Location Royal Marile 2014	Injured at home, farm, Industry, public place (where?)
10 Employed W Barber	Means of injury guts accessory injured at work? 10
18. Funeral director	2 20
Address of tonsolle my	hack & Broschark M.
1/30/41	23. SIGNATURE M. D. or other
Date red d by registrar)	Address Agestingles washing signed 1 29.45

FEB 6 1945 BUREAU V.S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

111673 Reg. Diat. No. 2//

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State Many County 2 state 1
and the state of t	City or town
Hew leng in above place of death?	City or town (If outside city or town limits, write RURAL and give uearest town)
	Street No
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Generale White Wicloud	20. DATE DE DEATH January 17 1945 et 12:20
6.(b) Name of husband or wife William B. Mostly	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	19 to 40 and 17, 1945
7. Birth date of deceased (mo., day, yr.) March 14 - (870	and that I last saw h. L. alive on January 15 1945
8. AGE: Years Months Days If less than one day	Immediate cause of death
AGE: Tears months bays littless than one day	Uremia
/4 /0 /4hrsm	
Birthplace Manager (Town, county, and state)	Bue to Gerebral Hemiplegia 2 wks
D. Usual occupation Danishi	Carlos Daniel
7,	Due te. CANCALO — SCIENDO STORES
1. Industry or business	
12. Name William C. Bellison	Differ conditions Ohn. Applituation yes
14. Malden nam Granie Wighter 15. Birthplace Ballimare may	(Include pregnancy within 5 months of death)
5 15 Dishalos Balling in the Anna	Major findings of operations.
The primple of the comment of the co	Date of op.
6. Informant Indiana.	Autopay results.
Address Months mil	PHYSICIAN: Please underline the cause to which death should be charged atatistically.
()	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, er homicide
Cemetery or prematory monty ones	Where did Injury eccur? (City or town) (County) (State)
Lecation Caruthuille may	(City or town) (County) (State)
B. 121/20	Means of injury injured at work?
Address and Address	D X A S 1.11
AUTHORN THE THE PARTY OF THE PA	23. SIGNATURE Mauly Make M. D. or other
19. (Uste rec'd by registrar) Registrar	mthis md. 1/18/45

MANUTAN TEATR OF TRAINS OF TRAINS OF TRAINS OF TRAINS



MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 94-20

CERTIFICATE OF DEATH

()(1674 Reg. Diat. No. 723

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
	State Jack 318 County Day		
(If outside city or town limits, write RURAL and give nearest town)	City or town Destrict of Columbias		
How tong in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)		
mospital, institution, of street address where death occurred:	Street Ho. 6 701 Truey Branch Rd		
Handra to be add as health to be	(If paral, give LOCATION)		
How long in hospital or institutioo?	2.(a) It veteran, name war War Id War I		
3. (a) FULL NAME Paymond B Murra	3. (b) Social Security Number		
4. Sex 5. Celer or race b.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Male White Married	1- 2 " " "		
11 / 1 / 24	20. DATE OF DEATH. Jan 3 19 45 at 6 45 0 M		
6.(b) Name of husband or wife. Helen J. Murtay	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
	19 19 19 19 19 19 19 19 19 19 19 19 19 1		
7. Birth date ot deceased (mo., day, yr.) 1896	and that I last saw halire on		
8. AGE: Years Months Days It less than one day	Immediate cause of death		
48hrsmin,	dist		
	Colorary occlusion andderen		
8. Birthplace Kockville Hart for a to Conn. (Town, county, and state)	Due to.		
10. Usual occupation Director Army Motion Picture Service			
	Due to		
11. Industry or business			
E 12. Name Francis Murray	Other conditions		
13. Birthplace	(Include pregnancy within 3 months of death)		
14. Maiden oame			
t 5. Birthplace	Major findings of operations.		
	Date of op		
16. Informant Raymond B. Murray, Jr.	Autopsy results.		
Address 6701 Piney Branch Rd.	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
17 Burial Date thereof 1-8-45	22. VIOLENCE: tt death was due to external causes, fill in the tollowing;		
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory. Attended to Water	Where did injury occur? (City or town) (County) (State)		
Location Orling to Va	injured at home, farm, industry, public place (where?)		
J	Means of Injury Injured at work?		
18. Funeral director			
Address 3821-14th. St. Mur Hapk. X.6.	23. SIGNATURE Trank I Proschart M.J.		
19. Jan 3 ml 95 + Holm Nodel	23. SIGNATURE. M. D. or other		
(Date rec'd by registrar)	Address Marshart ball signed 1-3-45		



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46.4)
CERTIFICATE OF DEATH



00675

216 Reg. Dist. No.

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Va. County Arlington
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 24 hours	City or town
Nospital, Institution, or street address where death occurred: U. S. NAVAL, HOSPITAL, Bethesda, Md.	Street No. 1007 26th Road, So., Arlington, Va.
	(If rnral, give LOCATION)
How long in hospital or institution? 24 Hours	2.(a) If veteran, name wer.
3.(a) FULL NAME MUSBACH, William Frederick,	Lt.(jg) (SC) (S) USNR 3.(b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH. 12 P. M
B.(b) Name of husband or wife Mrs. Audrey Musbach	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	Nov 20 1944, 10 Jan 20 1945
7. Birth date of	and that I last saw h. i.l.an_alive on
deceased (mo., day, yr.) R AGE: Years Months Days If less than one day	Immediate cause of death
o. Ada.	Respiration failure 2 years
70 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
8. Birthplace	Due to Mutastalia maliquant
(Town, county, and state)	Melanona-
1D. Usual occupation Supply Corps	Due to Piver and generalized
11. Industry or business Navy	metastasis
12. Name Frederick Musbach	Diher conditions
3. Birthplace Wisc. (deceased)	
14. Malden neme Roxena Billings	(Include pregnancy within 3 months of death)
14. Malden neme Roxena Billings 15. Birthplace Wis. (deceased)	Major findings of operations malignant Welanona -
	Antoney results metastatic Melanant melanane
18. Informant Wire: Mrs. Audrey Musbach	PHYSICIAN: Please nuderline the cause to which down should be charged statistically.
Address 1007 26th Road, So., Arlington, Va.	
cremation (Barial, cremation, or removal, Which?) Date thereof 1-21-15 (month) (day) (year)	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
Cremation (Barial, cremation, or removal, Which?) Date thereof, 1-21-15 (month) (day) (year)	Accident, suicide, or homicide
Gemetery or cremetory	Where did injury occur?
Leveller	Injured et home, farm, Industry, public place (where?)
Location	Means of injury injured at work?
18. Funeral director. W. W. Chambers Kmg.	00000
Address 1400 Chapin St., N. Wa, Wash., D. C.	Starben MC (SI)
1-27- 15 many Charlotte mith	23. SIGNATURE M. D. or other
19. 1-21- (Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address USNH Dethesda, Md. Date signed 1-22-45

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POTENCIAL CENTER TO A SHIPTER

BUREAU V.S.

FEB 6 1945

BRODEFIND

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940 CERTIFICATE OF DEATH

						Atog: Diate 110	
1. PLACE	OF DEAT	H: 771 -	-		2. USUAL RESIDENCE (HOME) OF	DECEASED:	
County		for	Campi	ref	(For oewborn infants give residence of m	other)	
City or town					State	Monigon	ery-
		0 1	- 10	URAL and give nearest town)	City or town Laborna (7.	us O	0
How long in at	ove place of	deeth?	/ Jones		(If outside oity or town limits,	write AURAL and give ne	rest town)
Hospitat, Insti	tulion, or str	eet address where	death occurred	0	Street No. 3/8 dong bren	ch Japku	roy
00	7	A FLOUD	ER AUE		()f rural, give L	OCATION)	
How long to h	ospital or In	Stitution?	-/////	······································	2.(a) If veteran, name war	************************************	
3. (a) FUL	L NAME				1	3. (b) Social Security	Number
				VICTOR /	elson	o. (o) bucias becauty	2131313701
4. Sez	n !	. Color of race	6.(a)Single	, married, widowed, or divorced	MEDICAL CEI	RTIFICATION	
	1	1	171	tarried-	1		
		720	1-17		20. DATE OF DEATH	6 19.565	at 35 Pan
8.(b) Name of	husband or	wife /	crtha	. Helson.	21. I CERTIFY that death occurred on the date above	stated; that I attended dece	ased from
			0.4		Ded West Escal	19,	19
7. Sirth date o	if	a · · · · · · · · · · · · · · · · · · ·) It alive, give ageyears	and that I lest saw hative on	- cars	19
deceased (n			/	800.	Immediate cause of death		DURATION
8. AGE:	Years	Months	Days	It less than one day	The state of the s	***************************************	,
	61		0	hrsmln.	Carmany aco	lusion	- Charles
			Sure	den -			Luddehund
9. Birthplaca.		/ (Town	county, and a	tate)	Due to		
10. Usual occ	waallaa	(200)	K			***********************	
10. 03021 000	upation			•••••••••••••••••••••••••••••••••••••••	Due to	******************************	
11. Industry of	r business			45		••••••••••••	
12. Name 13. Birthp		arono			Other conditions	••••	
13. Birtho	lace		/_	weden			
441		11.	lancer	7/1	(Include pregnancy within 3 mo	nthe of death)	1
L Hell	n name				Major findings el operations	******************************	
15. 8lrthp	lace			/ weren			
18. Informant	Mrs	, Ct.H.	Haus	AM)			
10. INTOTHIZATO		1 00		8-0 01. m.	PHYSICIAN: Please underfine the canse to which		
Address	14/1	ellours	re ME.	Delver sering, 114.	an around it to the section of the s	Atti to the Additional	
17 /3	uria	e .	Date there	Jan 1911 1945.	22. VIOLENCE: If death was due to external cause		
(Borial, er	emation, or	removal. Which?	0 1/2	(month) (day) (year)	Accident, suicide, or homicide		**********************
Cemetery or	orematory	700. / 1a	4. //en	norial Cemillery	Where did injury occur?(City or town)	(Coooty)	(State)
1	ain	Ad. Das	theil	e. M. O	Injured at home, tarm, industry, public place (wher		(4
Location	1/ ()		4 51				
16. Funeral di	rector	schu	2	alley.	Means of Injury	Injured at work?	9
Address 2	57/		-	TABU 8.	A 10 B	what M.	J.
1	1	7	1	Hollin hold	23. SIGNATURE		
19.	n. v	19 EN	//1	1100MM/VOCIO	per med. E		or other
(Date rec	d by regis	19. (A)	//	Registrar	Address desmerate	My Date signed.	1-26-45

WALLERS STATE DEPARTMENT OF HEALTH

FEB 6 1945
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 23-0/

CERTIFICATE OF DEATH

County Cily or town	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
9 See So At . How long in hospital or institution?	Street No. 9 (1f rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME Thomas novi	3.(b) Social Security Number 577-10-7353
2. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced 2. Married 2. Marrie	MEDICAL CERTIFICATION 20. DATE OF DEATH. JON 6 19.45 at 10:30 M
6.(6) Name of hysband or wife Florence Ritter Noves 5.(c) If alive, give age 6.5. years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that datended deceased from 19.4.5
deceased (mo., day, yr.) 100. 8 18 72 8. AGE: Years Months Days If less than one day 72 1 29hrs. min.	Immediate cause of death DURATION 4
9. Birthplace. The County and state)	Oue to Hyperlenson
11. Industry or bysiness 11. Name Alin Shows Novi	Due 10
13. Birtholice Insutgomeny Country had	(Include pregnancy within 8 months of death)
14. Maiden name Margaret ann King 15. Birthplace 16. Informant Mars L. J. Novies	Major findings of operations. Output Of the Control of the Contro
Address 9 pealson St. Kensington high	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
(Edrial, cremation, or removal. Which?) Cemetery or crematory	Where did injury occur?
18. Funeral director	Means of Injury Injured at work?
19. Jan. 7 1845 Josephine M. Schoeffe	23. SIGNATURE Marion Banches had



11	Evid	lenc	e f	or	cha	ange	of	M
	age	of	dec	eas	ed	is	of shown	on

MARYLAND STATE DEPARTMENT OF HEALTH

~	-					-	_
41	1	N.	Charles	St.,	Battimore	(13.

-	- Aller	(1	6	7	8

FREN :	G	9	3	MAR	2	0	1945
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CERTIFICATE OF DEATH

			0
		21	4
E.	Dist.	No.	. A

TIEM NO.CO O STATE	Reg. Dist. 110
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn tufants give residence of mother)
County Manuff Many	
(If outpil or town limits, write RJ AAL and give nearest town)	State Massification County Missing Milly
How tong in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No. Briggs Road -
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name wer.
3. (a) FULL NAME	3. (b) Social Security Number
OBERUIN. BERWYN	7. 578-28-0387
4. Sex S. Color or race S. (a) Singlo, married, widowed, or divorced	MEDICAL CERTIFICATION
M W SINGUE	
11 VI SINGUE	20, DATE OF DEATH San. 20 19 45 of 11:40 p.
B.(5) Hame of busband or wife	21. I CERTIFY that death occurred on the date above alated; that I attended doceased from
	april 7 19.34 to Jan 20 18.45
7. Birth date of	and that I last saw h Arth affive on Day 14
doceased (mo., day, yr.) 100. 10, 1916	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Tutulous - pulmonery 10 yrs
28 -2-1- 2, 10hrs,min.	
8. Birthplace Four Corners and	Due to
(Town, county, and atale)	
10. Usual occopation. The state of the state	. Read to
11. Industry or business State Foran Co.	270.00
# 12 Name Oferlin, John J.	Other conditions.
13. Birthplaco Pa.	
	(Include pregnancy within 3 months of death)
14. Matten same Sacquelina 6. Opangler	Major findings of operations.
\$ 15. Birthplace Jackwood, Va.	
16. Informant Comman C Clerkling	Autopsy results.
Address & lanmont, Silver Spring, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causea, fill in the following;
(Burisi, cremation, or removal. Which?) Date thereof Dan 24, 1945 (Burisi, cremation, or removal. Which?)	Accident, suicide, or homicide
(0) 000 (00 100 100 100 100 100 100 100 100	Where did injury occur?
Location Colesurelle, and	
18. Fuoral directo Warner & Cumphrens	Means of Injury Injured of work?
0. 0.	frant fill my
Address Delver Spring, ma.	23. SIGNATURE
10 Jan. 24 1045 Josephine m. Schaeffer	M, D, or other
19. (Date rec'd by registrar) Registrar	Address MANY DANIN Date signed - 2 - 4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940

CERTIFICATE OF DEATH

()(167!)
Reg. Dist. No. 193

1. PLACE OF DEATH: County Sunday OMERY	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (It outside city or town limits, write RURAL and give hearest town)	State Mary Laure County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
314 Additable Silver	Street No. 3/4 (If rural, give LOCATION)
How long in hospital or institution?	2.(9) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Falle- Off.	Malle Uja)
4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced Male Hate Matter	20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 20. DATE OF DEATH. 21. A. P. M.
6.(b) Name of husband or Wife	21. I GERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	De Med Exile. Ease
deceased (mo., day, yr.) July 6 - 1876.	and that I-last saw h
8. AGE: Years Months Days If less than one day	immediato cause of death.
68 6 14	Cornain relieur Juddenty
8. Birthplaca (Town, county, and state)	Bue Io.
10. Usual occupation. Jakaneta. Tetralela.	Due to.
11. Industry or business	Bered O. D. I.
12. Name Tuilland	Dither conditions Bruthal Callerin 2 923
14. Maiden name. Luknown 15. Birthplace Finlend.	(Include pregnancy within 8 months of death) Major fiodings of operations.
15. Birthplace fuelaut.	
18. totormant Addition Office	Autopsy results
Address 314 Cakefull / re- Jetsma like -	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or cremator George Washin Memorial Comes	Where did injury occur?
Location Piggs Gogs Hyattorille M.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Manusch Madains	Means of Injury Injured at work?
Address 254 Demand At Whate Gerk D.	I de l'Esorchait M. U.
19. Jake rec'd by registrar) 19. White rec'd by registrar	23. SIGNATURE M. D. or other Address Standard M. D. or other
Alano and a segment	Audress

BOBEAN A B

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 170-6 CERTIFICATE OF DEATH

Reg.	Diat.	No.	216

1. PLACE OF DEATH: Gounty Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	state Penn. County
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	0
How long in above place of death? 45 hours	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: U.S. Naval Hospital, Bethesda, Md.	Street No. 351 Concord Avenue
***************************************	(If rurai, give LOCATION)
How long in hospital or institution? 45 hours	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
PETERS, William Willis	o. (v) butter becatty rumber
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
male W-US	
	20. DATE OF DEATH 18.75 at 4 a. A. M
6.(b) Name of husband or wife Mrs. Bertha Ruth Peters	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trom
	Dep Med Enter tous 19
7. Birth date of Feb 5 1808	and that I Yast saw halive on
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death
	Basalas Menangetan dred
	to fracture of Chibiforn
8. Birthplace Greensburg, Penn.	Due to flate of should 2 days
(Town county, and state)	L //
10. Usual occupation	Oue to
11. Industry or business	VUC 10
불 12. Name John Peters	Other conditions Authorsan Congestion
13. Birthplace Greensburg, Pa.	
MI.	(theiude pregnancy within 8 months of death)
14. Malden name. Jennie Peters Greensburg, Pa.	Major findings of operations.
15. Birthplace Greensburg, 14.	Oate ot on.
16. Informant Wife: Mrs. Bertha Ruth Stocker	Antopsy results. Addish An MAN
Address 351 Concord Avenue, Greensburg, Pa.	PHYSICIAN: Please nuderline the cause to which death should be charged statistically.
	22. VIOLENCE: It death was due to external causes, fill in the tollowing;
17. removal Oate thereot 1-1-15 (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide. accidental Date of Jun 2 1945
Cemetery or crematory	(City or town) (Copnty) (State)
Location Greensburg, Pa.	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Wm. R. Pumphrey	Means of Injury Cento. Accedent Injured of work?
Address 7557 Wisconsin Ave., Bethesda, Md.	23. SIGNATURE Frank J. Barrehart M. S.
19. Jan 4 19 45 man Charlette In Hariston	23. SIGNATURE M. D. or other

RECEIVED

TB 6 1945 STEDATIVE.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83.0

CERTIFICATE OF DEATH

	DIA	D.T.	2	1	8	
Reg.	Diat.	No.			6	

1. PLACE OF DEATH: County County Co. City or lown Calthersburg Md. (If outside city or town limits, write Rural and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Maryland State Gaithers our Montg City or town. (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION) 2.(a) If veteran, name war.
3.(a) FULL NAME Martha Fletcher Pettit	3. (b) Social Security Number
4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widow	MEDICAL CERTIFICATION Jan 31 20. DATE OF DEATH Jan 31 19. 45 at 7.30 Pm
8.(b) Name of husband or wife Zachary Taylor Pettit 1. Birth date of deceased (mo day yr.) 3. Birth date of deceased (mo day yr.) 3. Birth date of deceased (mo day yr.) 4. Birth date of deceased (mo day yr.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
deceased (mo., day, yr.) Jam Los 1833 8. AGE: Years Months Days If less than one day 1853 92 0 8	Immediate cause of death
9. Birthplace Norfolk. Va, (Town, county, and state) House Wife 11. Industry or business 12. Name Joseph R Small	Due to
E 12. Name Joseph R Small 13. Birthplace Va, Eliza Burt 14. Maiden name Va, 15. Birthplace	(Include pregnancy within 3 months of death) Major findings of operations
Address Gaithersburg Md Burial 2/3/45 (Burial, eremation, or removal, Which?) Cemetery or crematory Washington Congressional Washington, D.C., Cemeter Location Ernest C Gartner 18. Funeral director Gaithersburg Md Address	PHYSICIAN: Please anderline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
19. Fet (Dato rec'd by registrar) 19 45 alyula & Corla Registrar	23. SIGNATURE M. D. John Storm Date stored 2006/1/943

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FEB 6 1945

BUREAU V.A.

Evid	lenc	e for	change	of
age	is	shown	on	

MARYLAND STATE DEPARTMENT OF HEALTH

ago 13 offorth off	es St., Baltimore 13-0
FILM NO. G 9 4 MAY 14 1945 CERTIFICAT	TE OF DEATH Reg. Dist. No. 2/8
1. PLACE OF DEATH: County City or town atthe bury. Md C. 7. 6. (If outside city atown limits, when BURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (Ear newborn infacts give residence of mother) State
How long in above place of death?	City or town
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Harriett a. Plu	3. (b) Social Security Number
7 tenale 5. Color or race 6.(a) Single, married, wildowed, or divorced remarks Colored married	MEDICAL CERTIFICATION 20. DATE OF DEATH. June 29 45 21 9 45 21 9 45 21 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
6.(b) Name of husband or wife Plumper 5.(c) If allive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 18.4.4. to annuary 31. 184.5.
deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day	and that I last saw harmalive on January 30 1940. Immediate canso of death DURATION Cerebral Kelmorrhage 25 dans
9. Birthplace (Town, county, aed state)	Due to Figh artina tinsin year [7]
10. Usual occupation	Due to
12. Name /3 asel trazely 13. Birthplace lenknown	Dther conditions
14. Maiden name Suinnie Wilson 15. Birthplace Unknown	(Include pregnancy within 8 months of death) Major findings of operations
16. Informant Deo W. Plummer	Actopsy results
Address 17. Gurial, cremation, or removal. Which?) Date thereof	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or cremator Brooke Prove	Where did injury occur?
18. Funeral director. Told. L.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address 246. n. Wash St. Rockvill	23. SIGNATURE VILLAIN EMILLS M.D. or other
19. (Date rec'd by registrar)	Address garthers oug Mg Date signed 2/3/45

MARTANES TO THE PROPERTY OF SEALTH

DESCRIPTION OF DEALER

MAR 6 1945
BUREAU V.8

MARGIN RESERVED FOR BINDING

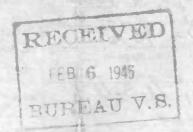
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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- 5	- 44		1	

CERTIFICATE OF DEATH

County Rolling Comery	(For newborn infants give residence of mother)
(If outside city or town limits, write RYRAL and give nearest town)	State County The
How long in above place of death? Noopyal, institution, or street address where death accurred:	(If ontside city or town simils, write RURAL and give nearest town)
Suburban Hapdal Ussa Inc	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME Mrs. Gergie Po	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widgled, or divorced	MEDICAL CERTIFICATION
Denulo White record	20. DATE OF DEATH 20 27 18 45 21 12 5 PM
8.(b) Hame of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I atjended deceased from
6.(c) If alive, give ageyears	19.44 to Jan 19.75
7. Birth date of deceased (mo., day, yr.) October 23, 1875	end that I last saw h.l. alive on
8. AGE: Years Months Days I fless than one day	Immediate cause of death DURATION 2 Days
09 2. 4hrsmin.	Bulmonery clima 2 days
9. Birthplace Vaguela 10.5.0	Due to Arteriae hyportersion ? yess
10. Usual occupation Albuseling	Dishotes Millitus ? yars
11. Industry or business	Due to.
12 Name James Kober	ALC: - W.
13. Birthplace Vergenia, U.S. a	Other conditions
14. Maiden name Marcaret Kidwell	(Include pregnancy within 3 months of death)
15. Birthplace, Vergenia, le. S. A.	Major findings of operations.
Honor too honor le let has lacel	
Address 8600 OC) Slovetown Rd. Better	Autopsy results
Quill 1/201 Mes	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Date thereof month (day) (year)	Accident, suicide, or homicide
Cemetery or crematory. Claar Tiell Claw-	Where did Injury Occur?
Location # maryland.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Com Beuben Tuempe	Means of Injury Injured at work?
Address 7557 Wis . Que Betherles	Cast Now mit
Jan 28 45 gm E O A m	3. SIGNATURE M. D. or other
19. (Opte rec'd by registrar)	Address 001 / Wada W NW Date signed Win 1945

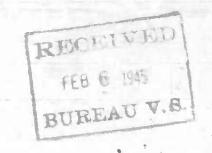


MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-7

	~=	-	
CERTIFICATE	OF	DEATH	

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County - Vionity omery	State Maryland County Juouty	To a day
(If outside city or town limits, write RURAL NEAK and give town)	por a carlo	- Sand
Street address, hospital, or institution:	City or town (If outside city or town limits, write RURAL NEAR and give	rd No
	Street No.	
Stay in hospital or inst. (yrs., or mos., or days)	(If rural give LOCATION)	
Stay in this community (yrs., or mgs., or days)	2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME	3. (b) Social Security	Number
Aucad Como Pros	laer -	
4. Sex - S. Color or race (6.(α) Single. married, widowed, or divorced	MEDICAL CERTIFICATION	
Se load S P.	Commence to a	Je 130
Tesna e la	20. DATE OF DEATH 19 4	
6 (b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that lattended decea	sed from 5 10 45
years	13 17,10	19
7. Birth date of deceased (mo., day, yr.) /8 29 -17-2-24	and that I last saw h alive on	197-13,
8. AGE: Years Months Days If less than one day	Immediate cause of death	OURATION
65 / 10hrsmin.	My rearded blegements	20
9. Birthplace Mantyoux & o my	Due to	
(Town, county, and state)	donne.	
10. Usual occupation	Due to	
11. Industry or business	bue (U	
12. Name John World Osalla 2011	Other conditions	
13. Birthplace Montgone Co good	VIII COMMINIONS	
H 14. Malden name 1222	(Include pregnancy within 8 months of death)	PHYSICIAN
HE 14. Malden name 12. 12. 14. Malden name 2. 12. 15. Birthplace Montage Co	Major findings: Of operations	Please underline
2 18. Birthplace Mongory	a) operations————————————————————————————————————	the cause to which death should be
16. Informant able Company		charged statisti-
Address authorshung 2mg	Of autopsy	cany.
	22. VIOLENCE: If death was due to external causes, fill in the following:	4-41-04
(Burial, cremation, or removal. Which?)	Accident, suicide, or homicide	
Cemetery or crematory Stocks 12022	Where did Injury occur?(City or town) (County)	(State)
Location & oftons wille monty com	Injured at home, farm, industry, public place (where?)	(Deate)
d Que 21 -1) 8 00	Means of Injury Injured at work?	
18. Funeral director		
Address aftonishous my	23. SIGNATURE Many Correction	m.
10/8/05 10 KJ W TRESS	23. SIGNATURE M.D. c	r other
(Date rec'd by registrar) Registrar	Gontinshurs	Charle us



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

altimore	83-0

00685

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Manly meley	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State 7718 County 720 Mlg
How tong in above place of dealh?	City or town (15 outside city or town limits, write RURAL and give nearest town)
Hospital, institution or street address where death occurred:	Street No. Selver Springms
mess Sinclair nursing Nome	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Miss Hester G. J.	yles.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale whele Single.	20. DATE OF GEATH Dan. 6 19 4.5.21 6 A. M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
7. Birth dale of	
deceased (mo., day, yr.) Ceper. 14, 1857	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION Cerebral hemorrhage 5 days
8 7hrsmin.	
	() () () () () () () () () ()
9. Birthpiace // (Town, county-and state)	Due to
10. Usual occupation tetred thactical nurse	100 7, 1944)
	Due to
11. industry or business 12. Name William H. Gryles	Read Office
E	Dther conditions
13. Birthplace Makyland	(Include pregnancy within 8 months of death)
14. Maiden same Omsiel E. Dalyll 15. Birthplace may land	Major findings of operations.
E 15. Birthplace mayerland	
16. Interment Mrs. Wideian & Coffey	Autopsy results.
8.0 le. 0 l.0 de 1.0	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 919 Slegs line Schuer Sp. ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or remove). Which;	Accident, suicide, or homicide
Rach Luca A (C)	
Cemetery or crematory	Where did injury occur?
Location Wash D. C.	Injured al home, farm, indusiry, public place (where?)
18. Funeral director Um (Keleben Teemphrey	Means of Injury Injured at work?
h-==/1:0.8=////////////////////////////////////	1 1
Address 1537 Wes. Web. Welherla Mr.	23. SIGNATURE Marion Bankled Mito
19 Jan. 7 10 VV Josephine M. Schaeff	M. D. or other
Wate rec'd by registrar) Registrar	Address Asher Daning My Date signed 1/6/93

write

important.

especially

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WRITE

PLEASE

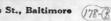
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9	San Land Street	

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: (Fer newborn infants give residence of mether) town limits, write RURAL and give nearest town (If cutside city er town limits, write RURAL and give nearest town) Hospital, Institution, or street address where death occurred: (If rural, give LOCATION) How long in hospital or institution? 3. (a) FULL NAME 3. (b) Social Security Number 4. Sex MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Dirth date of deceased (mo., day, yr.) DURATION 8. AGE: Years Months It less than one day 10. Usual occupation. 11. Industry or business 13. Birtholace (Include pregnancy within 8 months of death) 16. Informant PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing Date thereof.. (menth) (day) (year) (Burial, eremation or removal, Which?) (State) (City or town) Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? 23. SIGNATURE

Registrar

Address.

FEB 6 1945 BUREAU V.S.

1	Evide	nce	for	char	nge	of	
1	year	of	birth	is	sho	own	on

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

., Balti		(50)	N
OF	DEA	TH	N

2116

M. D. or other

year of birth	is snow	vn on	2411 N. Charles
FILM No.G 9 4	MAY 14	1945	CERTIFICATE
1. PLACE OF DEATH:	-	_	
County Ma	ita		
0,	city or town lin	aits, write R	URAL and give nearest town)
How long in above place of deal	h?		
Melofole		ealh occurred	
Now long in hospital or institu	tion?		
3. (a) FULL NAME			P
men	me		Reso.
4. Sei 5. Co	or or race		o, married, widowed, or divorced
6.(b) Name of husband the wife	Laure	· R	P.D.
\$2.7U22.00.200.000.000.000.00000000000	*****************	6.(6	t alire, give ageyears
deceased (mo., day, yr.)	Kelek	· 20	o- 15 to 8, 1878
8. AGE: Years	Mooths	Days	If less than one day
66	3	13	hrsmin.
9. Birthplace. 17 ex	Le Ch	county and s	tato)
10. Usuat occopation	elized	•••••••••••	
11. Industry or business	Del	000	Teacher,
E IZ name	uas J	900	Pursey.
	^-	da	0.0.
14. Maiden name	Clen.	e u	maces.
MM. R	lut) Box	meen Brother
TO LATOTRIEVE TO A TOTAL	Slign	Mangland	0 0
Audress 0 12			Jan 1st 1925
(Burial, cremation, or ren	noval. Which?)		(month) (day) (year)
Cemetery or crematory		Cater	0-1
Location 1290p			1
18. Foneral director	James :	6 10	mphry.
Address 8434 go	a ave-	Selve	J-Spring Md.
19. (Date rec'd by registrar)	1945	poepl	ine m Schaffer
thate rec d by registrar	(/	Peffinerat II

-	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
	State Maryland County Wenly amery
١	City or town Selve Spring
	(If outside city or town limits, writh RURAL and give nearest town) Street No. 817. Slego Que.
	() rural, give LOCATION)
	2.(a) It veteran, name war

	3. (b) Social Security	Number
	none	•
MEDICAL	CERTIFICATION	
20. DATE OF DEATH Jan 3	19.4.5	at 9:45
21. I CERTIFY that death occurred on the date	1944 , to Jan 3	1943
Immediate expensed death A		DURATION
Geresal hum	- Liga	1 day
Due to Hysparlina	ie heart	
// // •	2_	
Due 10.		
Jue 19		*** ***********************************
Diher conditions Carrier (Include pregnancy within	()	
Major findings of operations		
Autopsy results	which death should be charged	statistically.
22. VIOLENCE: It death was due to external	causes, till in the tollowing:	
Accident, suicide, or homicide	Date of	
Where did lojury occur?(City or tow	n) (County)	(State)
Injured at home, farm, Industry, public place	(where?)	
Means of Injury	Injured at work?	
Λ	1	0

Sec 5- Block C. Lot 1141- Site 3. George Absolvington Aker. Pack.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 126

CERTIFICATE OF DEATH

()(1688 Reg. Dist. No. 223

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Ment gomery	State Manyland county mantgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: Washing ton Aan. of Hospital	Street No. 709 Tranc bec Aue-
Washington Pan of Hospital How long in hospital or institution? 3 days	(If rural, give LOCATION)
	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ida M. Kowe	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
7. Wh- Widowed	20. DATE DE DEATH. Jan. 17 1945 et 6:55 Him
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	19.75 to Jan 19.75
7. Birth date of deceased (mo. day, yr.) D <c 1881<="" 25.="" td=""><td></td></c>	
8. AGE: Years Months Days It less than one day	Immediate cause of death DURATION
63 0 22hrsmin.	Say Can
	Following Chalgenterin
9. Birthplace Bay City michigan (Townscounty, and state)	Die College dellowy
10. Usual occupation Retired Teacher	Fa: Cholelithiasis Kereral
11. Industry or business	and Chr. Cholecustitis faist
	Biher condition marked sen. Phesity
12. Name IHOMAS DIMONOS, 13. Birthplace ONT, CANADA,	old chronic abscess of hanches years
	(Include pregnancy within 8 months (Infath)
Dates Carlo - C	Major findings of operations
	Bate of op. 1 - 17 - 16
18. informant Washington Sanitariam Gecords	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Takona Cank Maryland	22. VIOLENCE: It death was due to external causes, till in the tollowing;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
Manage 11 to allered in Many Count	here did injury occur? (City or town) (County) (State)
Cemetery or competory	(City or town) (County) (State)
Location Manual K	Means of injury Injured at work?
18. Funeral director. A Cotton Nathern	means of injury
Address 254 Carroll St. Washing in 10.0	Vead We alrewing
L. 12 CIP CE CHIPTING ABOUT	73 SIGNATURES M. D. or other
19. (Oxte rec'd by registrar) Registrar	Hadrey & Ballye Silver Juny Mfrie signed 1-17-43

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MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 940



00689

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town NEAR KENSIAG To A. (If outside city or town limits, write RURAL and give nearest town)			
How long in above place of death?	G. Daves of -		
ST PAUL STO HENSINGTON-HEIC	Street No. ST. RAULST. (If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veteran, name war INOME		
3. (a) FULL NAME	3. (b) Social Security Number		
Edward James Sa	S. (0) Social Security Number		
4. Sex 5. Color or race 6.(q) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
MALE WHITE MARRIED	20. DATE OF DEATH		
6.(b) Name of husband or wifeBERTMA BELL	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from		
7. Birth date of deceased (mo., day, yr.) PIARCH ZUTH, 1869	and that I last saw halive on		
deceased (mo., day, yr.) 8. AGE: Years Months Days It less than one day	Immediate cause of death		
75 10 7	J. J.		
S 1 M	Coronary prolinger saddenly		
9. BirthplaceST Louis - Mo (Town, county, and state)	Due to.		
10. Usual occupation RETIRED	V.		
11. Industry or business US GOVERMENT	Due to		
E 12 Name LYTHER M. SABIN			
12. Name LYTHER M. SAGIA 13. Birthplece ILL.	Dther conditions		
	(Include pregnancy within 8 months of death)		
14. Maiden name Lineral Unichowd:	Major findings of operations.		
≥ 15. Birthplace	Date of op.		
16. Informant MAS BEATHAB SABIN	Autopsy results		
Address ST PAUL ST. KENSENG TON. MO	PHYSICIAN: Please underline the cause to which death should be charged statistically.		
Burial, cremation, or removal. Which?) Date thereof. 5aa-79-us. (month) (dsy) (year)	22. VIOLENCE: If death was due to external causes, fill in the following;		
(Burial, cremation, or removal. Which?) (month) (dsy) (year)	Accident, suicide, or homicide		
Cemetery or crematory ST MARY'S	Where did injury occur?		
Location ROCKUILLE. MO	Injured et home, farm, Industry, public place (where?)		
18. Funeral director Dane & Punphrey.	Means of Injury Injured at work?		
Address 8434 GA ADE. SILVER SPRING. MO	Thank to Broschack M. D.		
10 Jan. 28 VI Josephine M. Schaeller	23. SIGNATURE M. D. or other		
(Date ree'd by registrar) Registrar	Address Dartherly Mid Date signed 1-26-45		

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83

CERTIFICATE OF DEATH

Reg. Diat. No.

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County City or town (If outside city or town limits, write RURAL and give nearest town)	State Maryland County Mont granning
How long in above place of death?	City or town (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street Ho. Jamishaysafa Road
How long to hospitat or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
mrs. Virginia Siegfried	0, (0, 30, 11, 11, 11, 11, 11, 11, 11, 11, 11, 1
4. Sex (5. Color or race (a) Single, parried, widowed, or divorced	MEDICAL CERTIFICATION
Jemaly white married	20. DATE OF DEATH. A.M.
8.(8) Name of husband or wife Mr. Frank Lugfried	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of 9.10 19	and that I last saw h. Lallen on
deceased (mo., day, yr.) 8. AGE: Years Mosths Days It less than one day	Immediate cause of seath DURATION
6. AGE: 8 /2	Cerebrathanomige James
8. Birthpiece (Teyrn, county, and state)	Bue to.
10. Usual occupation Sectuatory	Box 10. Ay herteneron
11. Industry or business House of the Bldg	Bos to.
12. Harne Charleso Morriso 13. Birthplace Ultra Quin atom . O. C.	Other conditions
\$ 13. Birthplace Washington, D. C.	(Include pregnancy within 3 months of death)
14. Maiden name Tatherina Melson	Major findings of operations.
15. Birthplace Wa.	Date of op.
16. totormant Desal Wach Low + Hosp	Autopsy results.
Address Johnna Yark, nd.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, till in the following:
(Burial, cremation, or removal, Which) Date thereot (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematury Fort Pencoln Comptery	Where did injury occur? (City or town) (County) (State)
Bladenstrura Rd. md.	Injured at home, farm, industry, public place (where?)
18 Fungal director (Darnex & Pumphrou	Means of Injury Injured of work?
Address Solver Sexuma Md.	Total a day of
1 G WE WAR	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) 19. Registrar	Address Silver Efficiency and Date signed 1-8 to



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1 PLACE OF DEATH.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

County Mantgamery City or town. Bethesd (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospilai, institution, or street address where death occurred: Suburban Hospital or institution? 43 hours	City or town Bethesda Gunty write RURAL and give nearest town) Street No. 5513 Glenwood Rd (If rural, give LOCATION)
3. (a) FULL NAME	2.(a) If veteran, name war
Christine Sloan	3. (b) Social Security Number
4. Sex 5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FW	20. DATE DE DEATH July 14 - 19 9 5 at M
6.(6) Namo of husband or wife Bearge G. Sloan	20. DATE DF DEATH 19.7 2 at 19.7 2.1 I CERTIFY that death occurred on the date above stated; that I attended deceased from 19.4 4 5 19.
7. Birth date of deceased (mo., day, yr.) Sept. 14, 1864	and that I last saw h allive on 19 19
8. AGE: Years Months Days If less than one day	Immediato cause of death DURATION BURATION BURATION BURATION BURATION
9. Birthplace. Norway (Town, county, and state)	Buo to and translas Barries
10. Usual occupation. Housewite	
11. Industry or business	Due to.
12. Name UNK power 13. Birthplace	Other conditions of atomorphisms
14. Maiden name	(Include pregnincy within 3 months of death) Major findings of operations.
=1 15. Birthplace	Date of op
16. Informant	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically,
17. Burial, cremation, or rangual. Which?) Date thereof. (month) (day) (year)	Page VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
Cometery or crematory Design and Cometery Location Design and Cometery	Whore did injury occur?
Manel Ca	Means of Injury Injured at work?
Address 2901-14 SY nw	Glinson Chiles in
19. January 15 19 45 Mm Elolow Registrar) Registrar	23. SIGNATURE M. D. or other Address 36.0. Coun and Date signed -1.5.45

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Physicians: please

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2411 N. Charles St., Baltimore (44-0)

CERTIFICATE OF DEATH

Reg. Dist. No..... 1. PLACE OF DEATH: 2. USUAL RESIDENCE (HOME) OF DECEASED: Montgomery (For newborn infants give residence of mother) State Maryland (rural Bethesda (If ontside city or town limits, write RURAL and give nearest town) Bethesda, Md. 3 mo., Now long in above place of death?..... (If ontside city or town limits, write RURAL and give nearest town Hospital, Institution, or street address where death occurred: Street No 5509 Glen Fair Glen Rd USNH, Bethesda, Md. (If rurai, give LOCATION) 3 mo.,20 da. How long in hospital or institution?. 3. (a) FULL NAME 3. (b) Social Security Number Hale Bryan SOYSTER, Lt. Comdr. USNR B.(a)Single, married, widowed, or diverced MEDICAL CERTIFICATION Male married Elizabeth Soyster 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 7. Birth date of 11-1-99 deceased (mo., day, yr.) DURATION if less than one day 8. AGE: 23 Minnesota 9. Birtholace...... (Town, connty, and state) 1D. Usual occupation. 11. Industry or business 12. Name...... 13. Birthplace Lloyd Soyster Towa (Incinde pregnancy within 3 months of death) Luella Hammone 14. Malden name . Majer findings of eperations..... 15. Birthplace Illinois 18 Informant Wife: Mrs. Elizabeth Soyster PHYSICIAN: Please underline the cause to which death should be charged statistically. 5509 Fair Glen Rd, Bethesda Md 22. VIOLENCE: If death was due to external causes, fill in the following: Date thereof 1-26-45 Burial (Bnrial, cremation, or removal, Which?) Accident, suicide, or homicide..... Where did injury occur?(City or tewn) Arlington National Arlington, Virginia Injured at home, farm, industry, public place (where?) 18. Funeral director, W. W. Chambers Means of Injury 1400 Chapin St.N.W.

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MARYLAND STATE DEPARTMENT OF HEALTH



2411 N. Charles St., Baltimore 97

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CERTIFICAT	TE OF DEATH Reg. Dist. No. 123
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3.(a) FULL NAME GEORGIANA STEE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced F. WHITE SINGLE	MEDICAL CERTIFICATION 45 91 P. M. 20. DATE OF DEATH JANUARY 4 19 P. M.
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that attended deceased from 19. 4. 5. 19. 4.
8. AGE: Years Months Days It less than one day Months Days It less than one day	Immediate cause of death DURATION Selection Selection
9. Birthplace OTTOWA, J-LiNois (Town, county, and atate)	Due to.
10. Usual occupation. FACHER. 11. Industry or bosiness PUBLIC SCHOOLE.	Due to
12. Name TEO: STEBBINS ASS.	Diher conditions
14. Maiden name ANNA C. WESTON 15. Birthplace MAINE.	(Include pregnaccy within 3 mooths of deeth) Major fiedings of operations
16. Informant MARAH STEBBINS. Address 209 HOLLY AVE.	Autopsy resolts
17. REMATION Date thereof. Av. 56/9/5 (Burial, cremation, or removal. Which?)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Location Lemma ME. Extended In Lyonge and The	Where did injury occur? (City or town) (County) (State)
18. Funeral director State of Talling Jank A. A. Address 254 Carroll State Jasoma Jank A.	Means of injury Injured at work?
19. Jan (1945 A Million Nocal Registrar)	Address 6911 5 Th at www. Date signed face. 4/45

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-2

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CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH: County Mont gomers	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town. 7a/10 ma Farm Md. (If outside city or town limits, write RURAL and give nearest town)	State County	
How long in above place of death? 5 418 1 day	City or town	town) r
Hospital, institution, or street address, where death occurred:	815 Trappleding NIII	
Washington Janitavium and Hospital	Street No. O. J. M. J. M	
How long in hospital or institution? 5 4 r5 - 1 day	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Num	aber
Mrs Nettie Sullivan		
4. Sea 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Femaie White Widowed	20. DATE OF DEATH	389 PM
6.(6) Name of husband or wife Mr. William Sullivan	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	from
	July 19 44 to Jack	T18. 55.3.7
7. Birth date of 0 . 1 00 10 HO	and that last sawh_21alive on	19.75
	Immediato cause of death	DURATION
8. AGE: Years Mosths Bays tf tose that one day / 5	acuto congestive Heart Foilure	days -
	Res & O. O.T.	111
8. Birthplace # 10 x and x and x in Civa in a	Due to	googa
401150 111:10	Leeghated week - och to	D. Chippe
10. Usual occupation	Due fo	
11. Industry or business	Cheunolais Certaitis	5 years
12. Name Chayles F. Potter 13. Birtholace () ivainia	Dther conditions	0
2 13. Birthplace Vivainia	(Include pregnancy within 3 months of death)	
14. Malden name Eliza beth Trice	Major findings of operations.	
14. Maiden name Liza beTh Ixice	Bala et as	
Hanital Records	A AND AND AND AND AND AND AND AND AND AN	
16. lotormant HOSPITAL NECOYdS	Autopsy results	stically.
Address	22. VIOLENCE: If death was due to external causes, fill in the following:	
11 Yeurral Dato thereof Jan 13 (94)	Accident, suicide, or homicide	
(Burial, cremation, or removal, Which?) (month) (day) (year)		
Cemetery or crematory	Where did injury occur?	tate)
Location Washington dol	Injured at home, farm, industry, public place (where?)	••••••
18. Funeral director Affines Co	Means of Injury Injured at work?	
5 000 1 1 V 3-0 1	201 2 0	11.0
Address 2901 - 1421 0 000	23. SIGNATURE Solla H. Proveno Lenges -	MUL
10 Mm 13 1045 Although	23. SIGNATURE M. D. or ot	her
(Date rec'd by registrar)	Address Oles Was all Date signed	1.13/45

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*11	FADING INK. Supply every item of information carefully. The correct
BINDING	y item of
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ARGIN	FADING

Evidence for change of year of birth of deceased is MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 83

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FILM No. G 9 4 MAY 14 1945

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Oulg Durky	State Maryland County Moulganny
(If outside of y de from limits, write NURAL and give nearest town)	
How long in above place of death?	(if outside city of town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No.
	(If rural, givo LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war.
3. (a) FULL NAME Clara I hour	Social Security Number
4. Sex 5. Color or race 6.(a) Single, progried, wildowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH. 19.445 at 41 am
The state of the s	
6(b) Name of husband or wife	21. I CERTIFY that doubt occurred on the date above stated; that Lattended deceased from
7. Birth date of	end that I last saw h. Ch. alive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	Cerebral apopleyes suddens
77 5 1 3 hrsmin.	
9. Birthplace (Town, county, shi state)	Bue to artiris Adlesses
10. Usual occupation.	Bue to
11, Industry or husiness	905 10
# 12 Name Surano de Thompson	Other conditions
12. Name Sussider Thompson 13. Birthpiace Maryland	
14. Maiden name Mary Mull	(Include pregnancy within 8 months of death)
15. Birthplace Many land	Major findings of operations.
2 15. Birthplace	Date of op,
16. Informant	Autopsy results
Address Thu - 17 - Kockwills - Ma	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Date thereof tau 4-1945	Accident, suicide, or homicide
(Burial, creination, or removal. Which?) Date thereof (month) (day) (year)	
Cemetery or crematery.	Where did injury occur? (City or town) (County) (State)
Location Carles velle Froward to Mc	Injured at home, farm, industry, public place (where?)
18. Funeral director Com. Deuben Tumphury	Means of injury Injured at work?
Address Rockwille - Bayyland	Carl Head
1/2 115 0 11 894 1	23. SIGNATURE M. D. or other
19. (Pate rec'd by registrar) Registrar	Address Backwille Mad Date signed 1/3/45



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Reg.	Di=	t. 1	No.		1	/	4

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County.	(For newborn infants give residence of mother)	
City or town. (If outside eity or town limits, write RURAL and give nearest town)	State County County	
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	1 0 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
	Street No. (If rural, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
wom Herory; Heldon.		
4. Sex 5. Color of race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
M Shoops -	July 114 114 114	
770	20, DATE OF EATH	
8.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that attended deceased from	
£(c) If alive, give ageyears	1943 to 24 (0 1843)	
7. Sirth date of	and that I last saw h	
deceased (mo., da); firs	Immediate cause of death	
L. AGE.	Vulnorary aflocasio Ilus	
8. Birthplace M. garland L. T. D. # Pasterville Med	Due to not dotermenable.	
(Town, county, and state)		
10. Usual occupation.	Due to	
11. Industry or business	DUE 10	
#1 Peans 100 AM Budantinaly	1	
12. Name	Other conditions	
13. Sirthplace	(Include pregnsney within 3 months of desth)	
= 14. Maiden name Ulberta Deanaet		
14. Maiden name Alberta Boander 15. Birthplace Sugarland - R 7D Poolewille Mil	Major findings of operations.	
alla War (Martha)	Date of op.	
18. Informant.	Autopsy results	
Address & J. D. H. 1 - Poolesvelle Ma.		
17 Berial Date thereof 1-15 45.	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide	
Cemetery or crematory Sugaland Cold Church.	Where did injury occur?	
Sugar Dand. MA.	Injured at home, farm, Industry, public place (where?)	
Location Control of Co	Means of Injury Injured at work?	
18. Funeral director Parallel Jeog Towellow	A . A . A . A . A . A . A . A . A . A .	
Address Ry 4 Habesville Med.	(W. W. survey W. V)	
1/15/ 01 46 191/-	23. SIGNATURE M. D. or other	
19. 19/45	Douboundle Wat 100 Kg/h.	
(Date ree'd by registrar)	Address Date signed	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore



CERTIFICATE OF DEATH

Reg. Dist. No. 214

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	State maxuland county montastricky
(If outside city or town limits, write RULAL end give nearest town)	City or town. Cit outside city or town limits, write RURAL and give nearest town)
Now long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
15 Woodmoor Drive	Street No. 15 Woodmoor Bruse (If rural, give LOCATION)
Now long in hospital or institution?	2.(a) If veteran, pame war. Leon d. #
3. (a) FULL NAME	3.(b) Social Security Number
Frank & Giller	nous,
4. Sez 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
made white maxical	1
	20. DATE OF DEATH
6.(b) Name of Ausband or Wife. Holon H. Wardell	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of Sale	and that I last saw h. Anaalive on
deceased (mo., day, yr.) Oct. 20, (878	Immediate cause of death
8. AGE: Years Moeths Days It less than one day	Congetical Heart
66 2 11min.	Jailus 4 duys
9. Birtipplace Rhode Sand (Town, county, and state)	Due 10
	Chrone representing dely
10. Usual occupation Retired	Due to
11. Industry or business Buildon	
12 Name Sarge Wilcort 13. Birthplace Rhode Daland	Other conditions
2 13 Birthplace Rhode Island	(Include pregnancy within 3 months of death)
14. Maiden name Unknown Caroline P. Cleme	Major findings of operations.
15. Birthplace Rhode Doland	Bate of op.
16. Informant Mrs. Idelan . H. W. Wilcon	Autopsy results
Address 15 Woodmoor Drive, Silver Sprin	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	TIP 77. VIGILE IN L.P.: IT GERTO WAS DUE TO EXTERNAL GROSES, AND TO THE TONOWING.
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide
Cometery or crematory Rock Crock Cornetery	Where did injury occur?
Location Washington & C.	Injured at home, farm, lodustry, public place (where?)
	Means of Injury lojured at work?
	OBD-1
Address Silver Spring, md.	23. SIGNATURE. M.D. or other
19. Jan. 3 19. 4 T volthing m. Schaeffe	(-6/1 Str 12 14W.
(Date rec'd by registrar)	Address Date signed of Date signed o
	A CONTRACTOR OF THE PROPERTY O

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 93-d

2. USUAL RESIDENCE (HOME) OF DECEASED:

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CERTIFICATE OF DEATH

Dist. No. 218

County	(For newborn intantagive residence of mother)
City or town the al Termantonin my	State Mary County Money oner
(If outside city or town limits, write RURAL and give nearest town)	City or fown
How long in above place of death?	City or fown
individual individual of direct additional and a distribution of direct additional and a direct additi	Street No
H. Jan la baselal as lastifulian	(If rural, give LOCATION)
How long in hospital or institution?	. 2.(a) If veteran, name war
3. (a) FULL NAME Mary Sohlronis M	3. (b) Social Security Number
4. Sex 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Tensale cal married	20. DATE OF DEATH. January - 21 - 1945 - 1/2-A
6.(b) Name of husband or will discuss 20 Minus	21. I CERTIFY that wath occurred on the date above stated; that I attended deceased from
	19.77 10 19.73
7. Birth date of deceased (mo., day, yr.) Nov 10 - 1883	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate cause of doth DURATION
	acua suas farma the.
(a) (b) mln.	- Augustian State of the State
6. Birthplace (Town, munty, and state)	Due to XIII Comment Degeneración 22 412
10. Usual occupation to ause Wife	
11. Industry or business	Due to.
	-
12. Name anny Mason Co 2nd	Dther conditions
w n T	(Include pregnancy within 3 months of death)
E 14. Maiden name Lasare / Lasare	
14. Maiden name and the last of the last o	Major findings of operations.
En 111. / F. A	- Date of op
16. Informant	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Vashington W.	
17 Busent Date thereof January 4 9 1943	22. VIOLENCE: If death was due to exfernal causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide
Gemetery or cremetory tookey July	Where did injury occur?
Location News Clarksbury mid	Injured at home, farm, industry, public place (where?)
16. Funeral director Conf M. Barber	Means of Injury Injured of work?
Address & action will 2nd	Mr (0 Mille Mills
AUTOS A CAPTONIAN COMPANY	23. SIGNATURE 16 CE COMMON 1892 1
19. Jah 23 19 4 5 Telsandes I Toute	Address apithersking lig Date signed 1-23-43.
L. L	MUNICOS

RECEIVED

FEB 6 1945

BÜREAU V.S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-0)

CERTIFICATE OF DEATH

011699 Rog. Diat. No. 4/8

	3
1. PLACE OF DEATH: Man Ton	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infants give residence of mother)
City or town	State I and offer county 1100 Mily
(If outside city or town limits, write RUKAL and give nearest town)	871-1-10-18 12/14 /
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
nospital, institution, of Street address where desir decurred.	Sireet No.
Kow long in hospital or institution?	(If rural, give LOCATION)
3. (a) FULL NAME	3. (b) Social Security Number
Mary & Journ	9
4. Sex 5. Color or race 6.(u) Single, married, willowed, or divorced	MEDICAL CERTIFICATION
Temale M. Midowy	20. DATE OF DEATH. 2 2 9 1945 at M
6.(b) Name of husband graffe 18 January 100 100 100 100 100 100 100 100 100 10	21. I CERTIFY that death occurred on the date above stated; that tattended deceased from
	28 1945 to Jan 29 1945
7. Birth date of deceased (mo., day, yr. Tril 10.1867	and that Plast saw ham alive on 19 45
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATION
77 9 19hrsmin.	Acut mgo Cardetin 2 days
9. Birthplace Montgong Con	Due to bush and Care
9. Birthplace (Town, county, and state)	DE L
16. Usual occupation Devices	Due to.
11. Industry or business	
12. Name Cobert Warfield 13. Birthplace OWard & D 2000	Other conditions
	(Include pregnancy within 3 months of death)
14. Maidan name Cachel Hobbs	Major findings of operations
\$ 15. Birthplace oward & my	Date of op.
18. Informentais Fladys Goung	Antopsy results.
Address B alternou mys & amore	PHYStCIAN: Please underline the cause to which death should be charged statistically.
B. A. = 1 B. B. 31 - 19 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or samoval, Which?) Date thereoff (month) (day) (yoar)	Accident, suicide, or homicide
Cemetery or crematory N Command Canal May	Where did injury occur? (City or town) (County) (State)
Location I and Janety Janety	Injured at home, farm, Industry, public place (where?)
18. Funeral director of 21/2 Barber	Means of injury Injured at work?
Address Collins III - 2ml	
1/3/7 8/2 8/2 8/2 8/2	23. SIGHATURE / 22200 H D or other
19. (Date see'd by registrar) Registrar	Address I me to rate welle. med not alread land 20/45

RECEIVED
FEB 6 1945
BUREAU V.S.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 159)

CERTIFICATE OF DEATH

1)1171111 Reg. Dist. No. 218

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:	
County Meatgamery	(For newborn infants give residence of mother)	
(If gotside city or town limits, write RURAL and give nearest town)	State Maryland county Montgamery	
New leng In abeve place of death?	City or tewn. Uashington (Mr limits, write RURAL and give nearest town)	
Hesgital, Institution, er street address where death occurred:		
The Montgomery County General Hospital Suc.	Street No	
Hew leng in hespitat or institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security Number	
101.11.2 H		
William Henry Zachar 4. Sex 5. Celer er race 6.(a) Single, married, fidowed, expressed	MEDICAL CERTIFICATION	
	MEDICAL CERTIFICATION	
Male White Single.	20. DATE OF DEATH January 23 1945, at /2:30A.M	
G.(b) Name et husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased trem	
	January 21 1845, 10 January 23 1845	
7. Birth date ef	and that I last saw h. 2 m. alive on January 23 1945	
deceased (me., day, yr.) Sanuary 21. 1945	Immediate cause of death	
8. AGE: Years Menths Days If tess than one day	Darmeley &mos	
6 hrs. 50 min.		
· Rithologo Qlney, Mostoonery County Maryland	Due te	
9. Birthplace Dinzy Monto amery County Mary land (Town, Lounty, and state)		
10. Usual eccupation. 2 12 au t	Due to.	
11. Industry or business	900 (0	
# 12 Name Paul Theodore Zacharias	Other conditions	
12 Name Paul Theodore Zacharias 13. Birthplace Brooklyn, Very Yord.		
	(Include pregnancy within 3 months of death)	
14. Maiden earne Louella, Mathilda Tanher 15. Birthplace Knozville, Tennessee	Major findings of operations.	
\$ 15. Birthplace Knoxuille lennessee	Date ef ep.	
18. Informant Hospital records.	Autopey results	
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.	
Burio 1/23/45	22. VIOLENCE: it death was due to external causes, fill in the tollowing;	
(Burlal, cremation, or removal, Which?) Date thereef	Accident, suicide, or hemicide	
Cometery or grematory off Book Concelley	Where did injury occur? (City or town) (County) (State)	
Che Lata		
Lecallen	Injured at home, farm, Industry, public place (where?)	
18. Funeral director To le Jackinic	Means et injury injured at work?	
Address Pailherburg had	hand I make	
a la la maria	23. SIGNATURE M. D. or other	
19. Jan. 23 1945 (Inches) The Property Registrar		
Marie rec d dy registrar) Registrar	Address Sandy Spring, md Date signed 1-23-45	

FEB 6 1945
BUREAU V.S.